TEXAS Health and Human Services	Texas Department of State Health Services
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OFFICE USE ONLY

FEE RECEIVED: _____ POSITIVE SEARCH: ____

NEGATIVE SEARCH:

DATE MAILED/EMAILED: ____

BUDGET-FUND: ZZ712

APPLICATION FOR ACKNOWLEDGMENT OF PATERNITY (AOP) INQUIRY

COMPLETE STEPS 1, 2 & 3. SIGN AND DATE THE APPLICATION. INCLUDE A PHOTOCOPY OF YOUR VALID ID. Step 1: YOUR INFORMATON AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, M	1iddle, Last Name):									
Street Address:					City:		State:	Zip Code:		
Email Address:					Daytime Telephone Number:					
Family Code §160.313 allows access to AOPs to the following individuals/agencies:										
RELATIONSHIP (CHECK ONE): Mother Father Presumed Father Court Ordered for Attorney										
□ I authorize mailing to the address below instead of my mailing address listed above.										
Name:										
Address to Send to if different than noted above:		/e:	City:		State:		Zip Code:			
Step 2: INFORMATION FOR CHILD SHOWN ON AOP										
NAME OF CHILD	IAME OF CHILD First Middle		Middle	Last		ast		DATE OF BIRTH (MM/DD/YYYY):		
BIRTHPLACE:	City			County			State			
MOTHER'S NAME:	First		Middle		Maiden Last		DATE OF BIRTH (MM/DD/YYYY)			
HOTHER S NAME:	11130		madic		Malach East					
BIOLOGICAL	First	First Middl		Middle		Last		DATE OF BIRTH (MM/DD/YYYY)		
FATHER'S NAME:										
Check One: Certified Copy of AOP Certified Copy of AOP Rescission										
Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)										
Select Record Type		Qty	Price/each	Total						
□ AOP Inquiry 1 x \$10.00				\$		Make check or money order payable to DSHS Statistics - ZZ712.				
	For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to Mail completed form, payment and valid ID to: DSHS - VSS							d ID to: DSHS - VSS,		
our physical address: DSHS – VSS MC 2096, 1100 W. 49th St., P.O. Box 12040, Austin, TX 78711-2040. Regular or							2040. Regular orders			
Austin, TX 78756 and paying the below expedited processing fee.					are processed and mailed 6 – 8 weeks after receipt of the request.					
					· ·					
						The applicant must include a photocopy of his or her				

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/) and Spanish (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/).

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WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10.000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

\$16.00

\$22.95

\$

Total

Due:

Signature of Applicant _

shipping methods below.

□ Overnight Return Mail (for shipping within USA)

USPS Express Return Mail (for shipping to PO Box

Date Signed (MM/DD/YYYY) ____

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: https://www.dshs.texas.gov/orderstatus/.

ONLY)