# Amending a Birth Certificate based on Adoption

## Who Can Apply for a Correction?

- The person named on the birth certificate, if at least 18 years of age.
- Adoptive Parent(s) of the person named on the birth certificate.
- Attorney representing the adoptive parent(s) of the person named on the birth certificate.
- District clerks (district clerks do not need to complete sections 6 and 7).

#### How Do I Make a Correction?

□ Complete all sections and sign the Certificate of Adoption. See pages 3 and 4.
 □ Section 5 on page 3 MUST be completed and certified by the clerk of the court.
 □ The applicant must ATTACH A COPY OF THEIR VALID PHOTO ID. If the District clerk is submitting the application, the clerk needs to provide as a form of ID a cover letter on office letterhead referencing the adoptee(s).
 □ The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted.

☐ Submit a certified copy (with original certification) of the final decree of adoption if section 5 is not

**complete or certified**.

☐ Submit the appropriate fees. See fee schedule below.

For Frequently Asked Questions, go to: https://www.dshs.texas.gov/vs/fag/#adopt

Where Do I Mail the Application?

**Regular Mailing Instructions -** *Estimated processing time is 6-8 weeks.* 

See <a href="https://www.dshs.texas.gov/vs/processing/">https://www.dshs.texas.gov/vs/processing/</a> for current times.

Please submit your application, supporting documents (if required) and fees to:

DSHS - Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.

**Expedited Service Mailing Instructions -** *Estimated processing time is 20-25 business days.* 

The order and \$5.00 processing fee must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.** 

Please submit your application, supporting documents (if required) and fees to:

DSHS-Vital Statistics Section, MC 2096, 1100 W. 49th Street, Austin, TX 78756.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

Fees: How much must I submit?								
Fee Schedule		Qty (#)	Total (\$)					
Filing Fees:								
O Correction to Birth Certificate based on adoption	\$25.00	=	\$25.00					
Birth Certificate(s):								
O Certified Corrected Birth Certificate (\$22.00 per copy)	\$22.00	X						
Central Adoption Registry Fee:	<u>.</u>							
O Central Adoption Registry Fee (per adoption decree granted in Texas)	\$15.00	=	\$15.00					
For urgent requests, orders may be <b>EXPEDITED</b> by paying the below expedited processing fee AND sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to: DSHS-Vital Statistics Section, MC 2096, 1100 W. 49 <sup>th</sup> Street, Austin, TX 78756.								
O Expedited processing Fee	\$5.00	=						
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.								
O Expedite Overnight Mail (shipping within USA)	\$16.00	=						
O USPS Express Overnight Mail (shipping overnight to PO Box ONLY)	\$22.95	=						
Grand Total								

Fees may be combined in one check or money order made payable to DSHS - Vital Statistics

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

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#### **INSTRUCTIONS:**

Once the application is approved, a new birth record will be filed with the adoption information.

#### Section 1: Birth Certificate Information

- The information completed in this section should show the child's information prior to this adoption. This is required to locate the birth certificate our office will be amending.
- The child's name, date of birth, sex, and place of birth are required.
- Parents' names are required for Texas-born adoptions; parents' names are not required for foreign-born adoptions.

### Section 2: Information for New Birth Certificate

- This section **must** show the adoptive parents information. <u>Do not list married name as maiden name.</u>
- If this is a step-parent adoption, the biological parent's information should also be included in this section. A step-parent adoption is NOT a single parent adoption.
- All items in this section are required. Incomplete applications will not be processed.

#### Section 3: Parent's Signature

• An adoptive parent's signature is required. Incomplete applications will not be processed.

## Section 4: Attorney/Placing Agency Information

- Include the name, address and telephone number of the attorney of record.
- If applicable, include the child placing agency or managing conservator.

#### Section 5: Certification of the Court

- This section **must be completed** by the clerk of the court granting the adoption, including the new name of the child.
- If this section **is not certified** by the clerk of the court granting the adoption, then the applicant may complete this section and **must** submit a **certified copy (with the original certification)** of the final decree of adoption. The adoption decree must properly identify the birth record to be amended including the child's original name, date of birth and adoptive name. For foreign-born adoptions, the adoption decree must also include the country of birth.

Please note: All documents, both certified and photocopied, submitted will be retained by our office and placed in a sealed file. A court order is required to unseal a file. Parents should keep copies of certified documents for their records and future use before sending them.

## Section 6: What is Your Name? (Applicant's Information)

- This section **must be completed** with the applicant's contact information and relationship to the person named on the birth certificate. <u>District clerks do not need to complete this section.</u>
- This section must include to whom our office will mail the newly filed birth certificate.
- A copy of the applicant's valid photo ID **must** be included with the application.

## Section 7: Would the applicant like to order a certified copy of the new birth record?

- The information completed in this section is used by our office to determine if a certified copy of the newly filed birth certificate reflecting the adoptive information is being ordered and the number of certified copies being ordered. <u>District clerks do not need to complete this section.</u>
- If a birth certificate **is not** ordered, this section does **not** need to be signed in the presence of a notary public, county clerk, or other person authorized to administer oaths.
- If a birth certificate **is** ordered, this section **must be signed** by the applicant in section 6: one of the adoptive parents, the adult adoptee, or attorney in the presence of a notary public, county clerk, or other person authorized to administer oaths. The application **must include** a photocopy of the valid photo ID for the person signing.

• The notary public's signature, seal or stamp, and commission expiration date **must** be shown in this section.

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## **Texas Department of State Health Services**

IMPORTANT: Photocopies, alterations, strike-through, or write overs in Section 1 through 7 will not be accepted. Please use a new application if you make a mistake. Copies of E-filed Certificates of Adoption will be accepted.

## **Certificate of Adoption**

THIS IS A PERMANENT RECORD. Type or Print (blue or black ink ONLY). Remittance No. **Section 1: Birth Certificate Information** Enter information as it appears on the current birth certificate (before this adoption). Birth Certificate Number, if known: 142 -Child's First Name: Middle Name: Last Name: Date of Birth (MM/DD/YYYY): Time of Birth: Name of Hospital/Facility: City: County: State or Foreign Country: Full Maiden Name (First, Middle, Last) of Parent 1: Full Maiden Name (First, Middle, Last) of Parent 2: Section 2: Information for New Birth Certificate All information below MUST be provided or a new birth certificate cannot be completed. Is this a Single Parent Adoption?  $\square$  Yes ☐ No Parent 1 Title to Appear on Birth Record (check **one**): ☐ Mother ☐ Father ☐ Parent Middle Name: First Name: Current Last Name: Maiden Last Name(s) before marriage: ☐ Adoptive □ Biological Date of Birth (MM/DD/YYYY): Place of Birth (State or Foreign Country): Parent 2 Title to Appear on Birth Record (check **one**): ☐ Mother ☐ Father ☐ Parent First Name: Middle Name: Maiden Last Name(s) before marriage: Current Last Name: ☐ Adoptive ☐ Biological Date of Birth (MM/DD/YYYY): Place of Birth (State or Foreign Country): Parent(s) Address Street Address City County State Zip Inside City Limits: at the time of ☐ Yes ☐ No child's birth: Street Address City County State Zip Parent(s) Current Address: Parent(s) Email Address: Parent(s) Phone No.: Section 3: Parent's Signature Parent's Signature (REQUIRED): Section 4: Attorney/Placing Agency Information Name of Attorney of Record: Attorney's Email Address: Attorney's Mailing Address (Street address, City, State, Zip): Phone No.: Information: **Placing** Name of Child Placing Agency or Managing Conservator: Agency or Managing Mailing Address (Street address, City, State, Zip): Phone No.: Conservator: Section 5: Certification of the Court Please complete the child's name as set forth in the Decree of Adoption. Name of the child as set forth in the Adoption Decree: Last First I hereby certify that the above information is correct as stated in the Decree of Adoption which was granted on day of \_\_\_\_\_\_ in the \_\_\_\_\_ Court of \_\_\_\_ County, Texas in Cause # [Stamp or Seal] District Clerk's Signature

WARNING: The Penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code, Chapter 195).

Section 6: What is Your Name? (Applicant	's Informa	tion)				
Name (First, Middle, Last):						
Address (Mailing Address, City, State, Zip):						
Email Address:	Т	elephone # (8am	-5pm): <b>(</b>	)	-	
Your relationship to Person named on the birth certificate >>>>> A COPY OF THE APPLICAN	T'S VALID PH	HOTO ID MUST E	BE ATTACHE	D<<<<<	<	ent(s)
Section 7: Would the applicant like to orde	er a certific	ed copy of th	e new bir	th recor	·d?	
Check one:						
$\square$ No, I would not like a certified copy of the n	ew birth red	cord.				
$\square$ Yes, I would like a certified copy of the new	birth record	l. Number	ordered: _		_	
ID. Applications without acceptable valid ID at VOID your application.  WARNING: The Penalty for knowingly making and a fine of up to \$10,000. (Texas Health and	a false state	ement in this f	orm can be			
	>>>ATTAC	A COPY OF YO	UR VALID P	HOTO ID	<<<<	
Printed Name:		Signature:				
Address:	City:		State:		Zip:	
Notary Public, County Clerk, or other person author	rized to admi	nister oaths				
Sworn to and subscribed before me, this day of _		_ 20				
Signature:						
				[Stamp or	Seal]	
Printed name and title:						

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