

OFFICE US	E ONLY
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□ CHECK □ MONEY ORDER

REMITTANCE NO.

DATE

____ AMOUNT \$____

CERT. #___

APPLICATION FOR COURT-ORDERED OPEN SEALED FILE

PLEASE PRINT CLEARLY.

INCLUDE CERTIFIED COURT ORDER WITH THIS APPLICATION (FROM THE COURT THAT GRANTED THE ADOPTION). INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.

Step 1: YOUR INFORM	ATON AND SH	IPPI	NG ADDRESS (PLEASE PRIM	NT)			
Your Name (First, Midd	le, Last Name):							
Street Address:				City:		State:	Zip Code:	
Email Address:					Daytime Phone Number:			
I authorize mailing to the address below instead of my mailing address listed above.								
Name:								
Address to Send to if different than noted above:				City:		State:	Zip Code:	
Step 2: INFORMATION FOR PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)								
FULL ADOPTIVE NAME OF PERSON ON RECORD:	First Name			Middle Name		Last Name		
DATE OF BIRTH:	Month	[Day	Year		SEX:		
PLACE OF BIRTH:	City or Town			County		State		
FULL NAME OF ADOPTIVE PARENT 1:	First Name			Middle Name		Maiden Last Name (Before first marriage)		
FULL NAME OF ADOPTIVE PARENT 2:	First Name			Middle Name		Maiden Last Name (Before first marriage)		
Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)								
Select Record Type:		Qty	Price/each	Total		oney order payable to	DSHS – Vital	
Court-Ordered Open	Sealed File	1	x \$10.00	\$10.00	Statistics.			
For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756 and paying the below expedited processing fee.□ Expedited Processing (estimated 20-25 business)\$5.00All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.\$12.50□ Overnight Return Mail (for shipping to PO Box\$22.95				 Mail completed form, payment and valid ID to: DSHS -VSS, P.O. Box 12040, Austin, TX 78711-2040. Regular orders are processed and mailed 6 – 8 weeks after receipt of the request. 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 				
ONLY)					Spanish (<u>http://w</u> IDs-(Spanish)/).	ww.dshs.texas.gov/v	s/reqproc/Acceptable-	
			Total Due:	\$	<u>105-(5pamsil)/</u>).			

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)

Signature of Applicant ______ Date Signed (MM/DD/YYYY) ____/____/