



OFFICE USE ONLY
REMITTANCE NO. _____ CERT. # _____
DATE _____ AMOUNT \$ _____

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 INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, 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)

Table with columns: Select Record Type, Qty, Price/each, Total. Includes rows for Court-Ordered Open Sealed File, Expedited Processing, Overnight Return Mail, and USPS Express Return Mail.

Make check or money order payable to DSHS - Vital Statistics.

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 and Spanish.

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.

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

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