



OFFICE USE ONLY
FEE RECEIVED:
POSITIVE SEARCH:
NEGATIVE SEARCH: BUDGET-FUND: ZZ712

APPLICATION FOR PATERNITY REGISTRY INQUIRY

COMPLETE STEPS 1, 2, 3 & 4. SIGN & DATE THE APPLICATION. INCLUDE A PHOTOCOPY OF YOUR VALID ID.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name):
Street Address: City State Zip Code
How do you want your response? Email- REQUIRED FOR EMAILED RESPONSE Daytime Telephone Number
Per Family Code 160.412, information contained in the registry is confidential and may be released on request only to the following:
YOUR RELATIONSHIP (CHECK ONE): COURT MOTHER OF CHILD STATE AGENCY
LICENSED CHILD PLACING AGENCY LICENSED ATTORNEY PARTICIPATING IN ADOPTION - STATE BAR NUMBER
OTHER, SPECIFY
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 CHILD IN REGISTRY (If left blank, application will NOT be accepted for processing)

NAME OF CHILD: First Middle Last DATE OF BIRTH (MM/DD/YYYY)
CHILD A.K.A. (LEAVE BLANK IF NONE) First Middle Last
BIRTHPLACE: City County State SEX:
MOTHER'S NAME: First Middle Last Maiden
MOTHER A.K.A. (LEAVE BLANK IF NONE) First Middle Last
MOTHER'S SOCIAL SECURITY NUMBER MOTHER'S DRIVER'S LICENSE NUMBER MOTHER'S DATE OF BIRTH (MM/DD/YYYY)

Step 3: POSSIBLE FATHER(S)

POSSIBLE FATHER'S NAME: First Middle Last DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER
POSSIBLE FATHER'S NAME: First Middle Last DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER
POSSIBLE FATHER'S NAME: First Middle Last DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER

Step 4: COST & FEES (NOT REFUNDABLE, if Record Not found)

Table with 4 columns: Select Record Type, Qty, Price/each, Total. Includes rows for Paternity Registry Inquiry, Expedited Processing, Overnight Return Mail, and USPS Express Return Mail. Total Due: \$

Make check or money order payable to DSHS - Vital Statistics - 22712.
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 Spanish (http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(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. (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) ____/____/____

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