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| **VITAL STATISTICS****ADULT ADOPTEE APPLICATION NON-CERTIFIED COPY OF ORIGINAL BIRTH CERTIFICATE** | OFFICE USE ONLYRemit No.   ZZ 708-153  |

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| --- |
| **PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.** |
|  |
| Your Full Name after Adoption | First Name  | Middle Name      | Last Name      |
| Date of Birth | MM/DD/YEAR  /    /      |  |
| Place of Birth  | City or Town      | County      | State      |
| Sex [ ]  Male [ ]  Female |
| Full Name of Adoptive Father | First Name      | Middle Name      | Last Name      |
| Full Maiden Name of Adoptive Mother | First Name      | Middle Name      | Maiden Name      |
| Full Name of Father on original record (if listed) | First Name      | Middle Name      | Last Name      |
| Full Name of Birth Mother as listed on original record | First Name      | Middle Name      | Maiden Name      |

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT NAME: |       | DAYTIME PHONE:  | (     )       -       |
|  |  |  |  |
| MAILING ADDRESS: |       | CELLPHONE:  | (     )       -       |
|  | STREET or PO BOX NUMBER  |  |  |
|  |                   | E-MAIL ADDRESS: |       |
|  | CITY STATE ZIP |

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of ID submitted

**MAIL COMPLETED APPLICATION, A CHECK OR MONEY ORDER FOR $10.00\* PAYABLE TO DSHS**

**PLUS A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID TO:**

**Department of State Health Services**

**Texas Vital Statistics**

### P.O. Box 12040

**Austin, TX 78711-2040**

\*Fee for searching records is non-refundable and may not be applied to other Vital Statistics’ services if a record cannot be located.

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. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)