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

|  |  |  |  |
| --- | --- | --- | --- |
| **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)