



TEXAS
Health and Human
Services

Texas Department of State
Health Services

OFFICE USE ONLY

FEE RECEIVED: _____

POSITIVE SEARCH: _____

NEGATIVE SEARCH: _____

DATE MAILED/EMAILED: _____ BUDGET-FUND: ZZ712

APPLICATION FOR ACKNOWLEDGMENT OF PATERNITY (AOP) INQUIRY

COMPLETE STEPS 1, 2 & 3. SIGN AND 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:
Email Address:	Daytime Telephone Number:		
Family Code §160.313 allows access to AOPs to the following individuals/agencies:			
RELATIONSHIP (CHECK ONE): ☐ Mother ☐ Father ☐ Presumed Father ☐ Court Ordered for Attorney			
☐ 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 SHOWN ON AOP

NAME OF CHILD	First	Middle	Last	DATE OF BIRTH (MM/DD/YYYY):
BIRTHPLACE:	City	County	State	
MOTHER'S NAME:	First	Middle	Maiden Last	DATE OF BIRTH (MM/DD/YYYY)
BIOLOGICAL FATHER'S NAME:	First	Middle	Last	DATE OF BIRTH (MM/DD/YYYY)
Check One: ☐ Certified Copy of AOP ☐ Certified Copy of AOP Rescission				

Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)

Select Record Type:	Qty	Price/each	Total
☐ AOP Inquiry	1	x \$10.00	\$
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 4 weeks)			\$25.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.			
☐ Overnight Return Mail (for shipping within USA)			\$16.00
☐ USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
Total Due:			\$

Make check or money order payable to **DSHS - Vital Statistics - ZZ712.**

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(<https://www.dshs.texas.gov/vital-statistics/acceptable-identification-id>) and Spanish(<https://www.dshs.texas.gov/es/vital-statistics/acceptable-identification-id>).

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/>.