



**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? <input type="checkbox"/> Email <input type="checkbox"/> Mail	Email- <b>REQUIRED FOR EMAILED RESPONSE</b>		Daytime Telephone Number	
Per <a href="#">Family Code 160.412</a> , information contained in the registry is confidential and may be released on request only to the following: YOUR RELATIONSHIP ( <b>CHECK ONE</b> ): <input type="checkbox"/> COURT <input type="checkbox"/> MOTHER OF CHILD <input type="checkbox"/> STATE AGENCY _____ <input type="checkbox"/> LICENSED CHILD PLACING AGENCY <input type="checkbox"/> LICENSED ATTORNEY PARTICIPATING IN ADOPTION - STATE BAR NUMBER _____ <input type="checkbox"/> OTHER, SPECIFY _____				
<input type="checkbox"/> <b>I authorize mailing to the address below instead of my mailing address listed above.</b>				
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)**

Select Record Type:	Qty	Price/each	Total
<input type="checkbox"/> Paternity Registry Inquiry	1	x \$10.00	\$
For urgent requests, orders may be <b>EXPEDITED</b> by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: <b>DSHS - VSS MC 2096, 1100 W. 49th St., Austin, TX 78756</b> and paying the below expedited processing fee.			
<input type="checkbox"/> Expedited Processing (estimated 4 weeks)			\$25.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select <b>one</b> of the overnight return shipping methods below.			
<input type="checkbox"/> Overnight Return Mail (for shipping within USA)			\$16.00
<input type="checkbox"/> USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
<b>Total Due:</b>			\$

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 (<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/>.