



ACKNOWLEDGMENT OF PATERNITY (AOP) INQUIRY REQUEST FORM

Budget: ZZ712
Fee Received: _____
___ Positive Search
___ Negative Search
Date Mailed/ Fax: _____

The AOP Registry only includes Acknowledgments of Paternity filed from September 1, 1999 to the present.

*****CHILD'S NAME AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE*****

Name of Child: _____ Date of Birth: _____

City or County of Birth: _____

Mother's complete name: _____ Date of Birth: _____

Biological Father's name: _____ Date of Birth: _____

Check One: Certified Copy of AOP Certified Copy of AOP Rescission

Name and address of Person making the Inquiry:

First	Middle	Last	
Address	City	State	Zip Code
()		()	
Daytime Telephone Number		Fax number	

Family Code §160.313 allows access to AOP's to the following individuals/agencies:

Relationship: ___ Mother ___ Father ___ Presumed Father ___ Court Ordered for Attorney

Release: I authorize you to give the copy of the above-identified Acknowledgment of Paternity form or Rescission of Acknowledgment of Paternity form to:

SIGNATURE OF REQUESTOR

DATE

This inquiry request requires a search fee. If paying by credit card, the fee is \$12.25. If paying by check or money order, the fee is \$10.00. Make check or money order payable to Texas Department of State Health Services (DSHS) -ZZ712. Mail completed form and fee to the address below. This inquiry may also be faxed to 512-776-7164 and paid with a MasterCard, Visa, Discover, or American Express.

*****Identification is required for all credit card payments, if name listed on credit card is different from requestor.*****

If faxed: ___ M/C ___ VISA ___ DISCOVER ___ American Express CARD # _____ EXP DATE _____

NAME OF CARDHOLDER _____

Mail To:
AOP Registry
Vital Statistics Unit, MC 1966
P.O. BOX 12040
Austin, Texas 78711-2040

CARDHOLDER ADDRESS _____

3 - DIGIT SECURITY CODE _____ (Found on back of card)

CARDHOLDER PHONE NUMBER,

INCLUDING AREA CODE _____

*****IMPORTANT: A copy of government-issued photo identification must be provided with this request [25 TAC §181.1(13)] *****