TEXAS Health and Human Services | Texas Department of State Health Services

OFFICE USE ONLY	☐ CHECK ☐ MONEY ORDER
REMITTANCE NO. _____	CERT. #_____
DATE _____	AMOUNT $_____

ADULT ADOPTEE APPLICATION FOR NONCERTIFIED COPY OF ORIGINAL BIRTH CERTIFICATE

PLEASE PRINT CLEARLY.
INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED.
***If the maiden name of the adoptee is not on your ID, please include a copy of your marriage license or birth certificate.**

Step 1: YOUR INFORMATON AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name):			
Street Address:	City:	State:	Zip Code:
Email Address:		Daytime Phone Number:	
☐ **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 PERSON NAMED ON RECORD (Must be completed to Identify Record Requested)

YOUR FULL NAME AFTER ADOPTION:	First Name		Middle Name	Last Name
DATE OF BIRTH:	Month	Day	Year	SEX:
PLACE OF BIRTH:	City or Town		County	State
FULL NAME OF ADOPTIVE PARENT 1:	First Name		Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF ADOPTIVE PARENT 2:	First Name		Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF BIRTH FATHER ON ORIGINAL RECORD (IF LISTED)	First Name		Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF BIRTH MOTHER AS LISTED ON ORIGINAL RECORD	First Name		Middle Name	Maiden Last Name (Before first marriage)

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

Select Record Type:	Qty	Price/each	Total
☐ Noncertified Copy of Original Birth Certificate	1	x $10.00	$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**.

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) _____/_____/_____