



**VITAL STATISTICS UNIT
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	<input type="checkbox"/> Male <input type="checkbox"/> 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

CITY STATE ZIP

E-MAIL ADDRESS: _____

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)