

ProtectTexas™

Texas Department of Health

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner of Health

Physical Address Only:
1100 West 49th Street
Austin, Texas 78756-3199

<http://www.tdh.state.tx.us/bvs>
1-888-963-7111 x7388

Ben Delgado
Chief Operating Officer

Nick Curry, M.D., M.P.H.
Executive Deputy Commissioner

Dear Registry Applicant:

Thank you for contacting the Bureau of Vital Statistics= Central Adoption Registry. Our service matches adult adoptees, birth parents, and biological siblings who are looking for one another. We have the authority to view the contents of the original sealed file held here at the Bureau of Vital Statistics to aide us in this process. This gives one the comfort of knowing that there is no doubt or guessing on our part that when we make a match, it will be with an actual birth child, and his or her birth parent or birth sibling.

Every year our registry makes increasingly more matches. We welcome you to register with us by completing the enclosed two-page application. Upon completion, mail it and the following items to:

P.O. Box 140123, Austin, TX 78714-0123:

- A \$30.00 check or money order, payable to: **BVS-CAR**. If you are an adoptee, please see additional services, as described below.
- Proof of your age and identity (a copy of a government issued photo ID) and, if your name has changed by marriage or other legal means, provide in addition to the above, a copy of your birth or marriage certificate, or other identification that shows your maiden or given name.
- If you are a birth sibling, please provide us in addition to the photo ID, a copy of your birth certificate.

When we make a match, you will be notified by certified mail. This match may occur a few months after you register or years later when the other party registers. At that point, you will be instructed to attend at least one hour of counseling designed to prepare you for the reunion. A counselor of your choice is used, but he or she must have expertise in post-adoption issues. A list of specific topics we would like for you to discuss with your counselor will be sent at the same time you are notified of a match.

Information for the Adoptee:

1. If you were placed for adoption through a child-placing agency, you may be eligible to request a non-identified or redacted copy of your birth/adoption record from the specific adoption agency files. We maintain some out-of-business child-placing agency records. If you were placed for adoption by one of the agencies listed below and would like a redacted copy of your record, please indicate this on your application. An additional fee will be assessed and a cost estimate will be sent for your approval.

- Adopt a Special Kid, Texas
- Adoption Inc., Dallas
- Adoption Associates, Houston
- Care Connection - San Marcos
- Catholic Charities - San Angelo
- Child & Family Services, Austin
- Children's Aid Society of West Texas, Wichita Falls
- Children's Service Bureau, San Antonio
- Children's Shelter of San Antonio
- Christ's Haven, Keller
- Direct Adoption Center, Midland
- Family Counseling & Children's Services, Waco
- Girl's Haven, Orange
- Leslie Thacker, Houston
- Memorial Hospital, Dumas
- Presbyterian Children's Home, Dallas
- Quality of Life, Dallas
- Rest Cottage, Pilot Point
- Texas Child Placing Agency, Houston
- Texas Children's Home Finding Society, San Antonio
- Therapeikos, Abilene
- Volunteers of America, Ft Worth
- Waco State Home, Waco

2. If interested in knowing the identity of the court and the cause number of your adoption, please submit an additional \$9 fee (total of \$39) to us when sending in your application. The adopting court requires this information if you decide to petition the court to unseal the adoption record, based on good cause.

All Applicants: The registration process may take as long as 45 days. Please do not be alarmed if you do not hear from us before that period has elapsed. Though we receive a great many applications, we will attend to yours just as soon as possible. If we may be of further assistance or to answer any questions, please call 1-888-963-7111 x7388 or x6279, write to, or email us. Thank you.

Sincerely,

Patricia Molina y Vedia
Program Specialist

Enclosure



Texas Department of Health

Texas Voluntary Adoption Registry

INTERNET REGISTRATION APPLICATION

BVS Form 2271
6/99

Part I: REGISTRANT INFORMATION (all applicants complete this section)

NAME — First		Middle	Last	Maiden Name	Suffix
OTHER NAMES USED (including married, aliases, nicknames)					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Age	Social Security Number (optional)		E-mail address (optional)	
Mailing Address for registry correspondence			City	State	Zip
Telephone (include Area Code)		Birth City	Birth County	Birth State/Country	
I am: (check all that apply) <input type="checkbox"/> Adoptee <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Sibling					

Part II: INFORMATION TO BE COMPLETED BY ADOPTEE (complete as many items as possible)

How old were you when you were placed in your adoptive home?		County of Adoption	Date of adoption or approximate year		
Adoptive Mother's name (including maiden name)		Date of Birth	Her religious affiliation	What city and/or county were your adoptive parents living in when you were placed with them?	
Adoptive Father's name		Date of Birth	His religious affiliation		
Was an adoption agency used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, state name of agency, address & phone no.			Attorney's Name, address & phone no.		
Was child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, where was the child living when removed from care (city and/or county)?			Year of removal
Name of Birth Mother <input type="checkbox"/> Unknown		Her date of birth and her age at time of your birth		Delivering Doctor's name	
Name of Birth Father <input type="checkbox"/> Unknown		His date of birth and his age at time of your birth		Are you aware of any siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Part IV. <input type="checkbox"/> Unknown	

Part III: INFORMATION TO BE COMPLETED BY BIRTH PARENT (complete as much as possible)

If you are looking for more than one child, please complete a separate application for each child.

Birth name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown		Adoptive name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown			
Date of birth of child (If unknown, give year and approximate time of year)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
Hospital or maternity home		City and/or County of Birth & State		Delivering Doctor's Name	
Did the birth mother use an alias at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, state name used.		Birth mother's religious affiliation	
Birth mother's full name (include maiden name and all married names)		Date of birth and age at child's birth		State/city of birth	
Birth father's name and last known address		Date of birth and age at child's birth		State/city of birth	
Was the birth mother married at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, please provide husband's name			
Was the child placed with an adoption agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, name of agency		Name of attorney or law firm	
Was child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, where was the child living when removed from care (city and/or county)?			Year of removal

Other birth children you are not searching for:

Name of child (and any aliases or nicknames)	Maiden Name	Date of Birth	Place of Birth City/State	Name of Other Birth Parent and Date of Birth

Part IV: INFORMATION TO BE COMPLETED BY BIRTH-SIBLING (complete as many items as possible)
If there is more than one sibling you are searching for, please duplicate this page, as needed.

Is the sibling you are looking for a: <input type="checkbox"/> full-sibling OR <input type="checkbox"/> half-sibling		If half-sibling, are you related by: <input type="checkbox"/> mother <input type="checkbox"/> father		What order in the biological mother's family is this child? (example, first of five)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Adoptive name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown				Birth Name of Child <input type="checkbox"/> Unknown			
Date of birth of child		City of Birth		County of Birth		Hospital	
Birth mother's name, include (maiden name) and all married names.		Her date of birth and age at time of child's birth		Her city/state of birth		Her religious affiliation	
Was an alias used by the birth mother at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, state named used			
Birth father's name		Birth father's date of birth and age		His city/state of birth			
Was the birth mother married at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, please provide her husband's name, his date of birth.			
Was an adoption agency used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, name of agency		Name of attorney or law firm			
Was child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, where was the child living when removed from care (city and/or county)? and with whom?					
If you are a sibling, please provide: <input type="checkbox"/> unknown Your birth mother's full name including maiden and all married names.				Your birth father's full name <input type="checkbox"/> Unknown			
If you are adopted, your adopted or legal mother's full name, including (maiden) and date of birth.				If you are adopted, your adopted or legal father's full name, including date of birth			
Why do you believe you have a biological sibling(s)?							
Names of birth siblings you are not looking for		Maiden Name	Date of Birth	Place of Birth	Half-Sibling or Full-Sibling	Name of Birth Parents	
					<input type="checkbox"/> Full	Mother	
					<input type="checkbox"/> Half	Father	
					<input type="checkbox"/> Full	Mother	
					<input type="checkbox"/> Half	Father	
					<input type="checkbox"/> Full	Mother	
					<input type="checkbox"/> Half	Father	

Part V: COMMENTS SECTION (*story of placement, additional information not listed above*) **Use separate page, if needed.**

Part VI: ALL APPLICANTS COMPLETE THIS SECTIONI am willing to allow my identity to be disclosed to those registrants eligible to learn my identity. ☐ yes ☐ noI authorize the administrator of the registry to inspect all vital statistics records, court records, hospital records and agency records including confidential records. ☐ yes ☐ noI consent to the disclosure of my identity after my death. ☐ yes ☐ no*For adoptees only:* I want to be informed if registry records indicate that a biological sibling has also registered. ☐ yes ☐ no

Your application is good for 99 years unless you state a shorter period of time here

I certify that the information contained in this form is true and correct to the best of my knowledge.

X Signature

Date