

Adult Adoption (Set A) Without Name Change

This packet includes:

1. Instructions for an Adult Adoption in Texas (Set A)
2. Petition for Adoption of an Adult
3. Civil Case Information Sheet
4. Statement of Inability to Afford Payment of Court Costs
5. Adult's Agreement to Be Adopted
6. Decree of Adoption of an Adult
7. Certificate of Adoption (VS-160)
8. Mail Application for Birth and Death Record (VS-142.3)

Note: You may not need all of the forms listed or you may need additional forms. Get more information at www.TexasLawHelp.org. Talk to a lawyer if you have questions.

Instructions & Forms for an Adult Adoption in Texas (Set A)

Warning: *The information and forms in this guide are not legal advice and are not a substitute for the help of a lawyer. It's a good idea to talk with a lawyer about your particular situation.*

These instructions explain the steps to adopt an adult in Texas. Each step includes a link to the form or forms needed for that step.

Checklist Steps

☐ **Step 1: Fill out your court forms.**

- Fill out the following **starting forms**:
 - An [Original Petition for Adoption of an Adult form](#).
 - Use this form if you are asking the court for an adoption of an adult and the adult you are adopting (the “adult adoptee”) is keeping his or her name: Original Petition for Adoption of an Adult (Set A)
 - Fill out the Petition according to the following instructions:
 - This form (called the Petition) asks the judge to order the adoption.
 - Print your answers using blue or black ink. Do not leave blanks.
 - **Who is the petitioner?** You are the petitioner—the person asking the court to sign the decree of adoption. You must fill out and sign the Petition. If you are married, your spouse must also sign the Petition.
 - **Note:** Even though the spouse of a petitioner in an adoption case must also join in the adoption case as a petitioner, the spouse may ask the court not to grant the adoption to both spouses, and only to one. Talk with a lawyer if this is an

issue in your case.

- **Who is the adult adoptee?** The adult you are asking to adopt is the adult adoptee.
 - **Important:** If the adult adoptee's current legal name (before the adoption) is different than the name that appears on the adult's adoptee's birth certificate, the Petition and Decree of Adoption need to include both the adult adoptee's current legal name and the name that appears on the adult adoptee's birth certificate.
 - When you fill out the adult adoptee's name in the Petition and Decree, write the adult adoptee's current legal name first, then write "a.k.a." followed by the name that appears on the adult adoptee's birth certificate.
 - For example, if the adult adoptee's current legal name is Jane Doe, and the adult adoptee's name that appears on her birth certificate is Jane Roe, fill in the adult adoptee's name as follows: Jane Doe a.k.a. Jane Roe.
- Fill out this **starting form** completely in blue or black ink.
 - [Civil Case Information Sheet](#) (NOTE: the [Texas Supreme Court has repealed the rule requiring the civil case information sheet](#), so you may not need this form. If you are filing paper documents in person at the clerk's office, you should complete it and bring it anyway, however).
- Fill out this additional **starting form** if you cannot afford to pay the filing fee for your case. Call the district clerk's office in the county where you live to learn the filing fee for your adoption case.

- [Statement of Inability to Afford Payment of Court Costs](#) (click [here](#) to learn more about getting your filing fees and court costs waived).
- Fill out the following **ending forms**:
 - [Decree of Adoption of an Adult \(Set A\)](#)
 - Fill out this form completely (except for the judge's signature).
 - **Certificate of Adoption (VS-160)**
 - Fill out **sections 1-3 of this form**.
 - Make sure to fill out the adult adoptee's information in Section 1 as it currently appears on the adult adoptee's birth certificate.
 - [Mail Application for Birth and Death Record \(VS-142.3\)](#)
 - Standard processing time for a new birth certificate is 25 weeks from the date of submission of the application.
 - To shorten the processing time to 15 business days, complete the [Expedited Mail Application for Birth or Death Record \(VS-142.21\)](#) instead of the VS-142.3 form, and pay the additional \$5.00 fee plus postage fees to expedite.

☐ **Step 2: Have your forms reviewed (if possible).**

Although not required, it's a good idea to have a family law lawyer review your completed forms. Family law lawyers specialize in cases involving families, such as adoptions.

You can hire a lawyer *just* to review your forms. Hiring a lawyer for a limited purpose is called "[limited scope representation](#)." You can then finish your case yourself. Use our [Legal Help Directory](#) to search for a lawyer referral organization in your county.

If you have a low income, you may be able to have your forms reviewed for free at a legal clinic. Use our [Legal Events and Clinics](#) page to search for free legal clinics in your area.

☐ **Step 3: Make copies of your starting forms.**

Make two copies of your completed **Original Petition for Adoption**.

Make two copies of your completed [Statement of Inability to Afford Payment of Court Costs](#) (only if you are asking the court to waive court costs).

You *do not* need copies of the Civil Case Information Sheet.

☐ **Step 4: File your Petition and other starting forms with the clerk.**

File (turn in) your completed Petition and other starting forms with the district court clerk in the county where you live.

- To file your forms online, go to [E-File Texas](#) and follow the instructions.
- To file your forms in person, take your Petition and additional starting forms (and copies) to the district clerk's office in the county where you live.

At the clerk's office:

- Turn in your Petition and other starting forms (and copies).
- Pay the filing fee (or file your completed Statement of Inability to Afford Payment of Court Costs if you cannot afford the fee).
- Ask the clerk if there is a [local standing order](#) that you need to follow or attach to your Petition.
- Ask the clerk if there are local rules or procedures you need to know about for your case.
- The clerk will write your "Cause Number" and "Court Number" at the top of the first page of your Petition. (Write these numbers at the top of any document you file in your case.)
- The clerk will **file-stamp** your copies with the date and time. The clerk will keep the original and return your copies.

☐ **Step 5: Give the adult adoptee a file-stamped copy of your Petition. Ask the adult adoptee to sign court forms.**

Give the adult adoptee:

a file-stamped copy of your **Original Petition for Adoption of an Adult**, and
a blank [Consent of Adult Subject to Adoption \(Set A\)](#), and
a completed [Decree of Adoption of an Adult form](#).

Ask the adult adoptee to complete these steps:

- (1) FILL OUT and SIGN the Consent of Adult Subject to Adoption form.
- Tell the adult adoptee to sign the consent at least one day after you filed the Petition. Otherwise the adult adoptee will have to redo it.
- (2) SIGN the completed Decree of Adoption of an Adult form.
- The Decree of Adoption of an Adult form must be completely filled out when the adult adoptee signs it. You CANNOT make changes to the decree form after it has been signed by the adult adoptee, unless the adult adoptee initials each change.
- (3) RETURN the signed forms to you.

You (and your spouse, if applicable) should also: sign the Decree of Adoption of an Adult form, and make a copy of the Consent of Adult Subject to Adoption form that was filled out and signed by the adult adoptee.

☐ **Step 6: File the Consent of Adult Subject to Adoption form with the clerk.**

File (turn in) the completed and signed [Consent of Adult Subject to Adoption form](#) into your open case number with the district court clerk in the county where you live.

- To file the form online, go to [E-File Texas](#) and follow the instructions.
- To file the form in person, take the completed and signed [Consent of Adult Subject to Adoption form](#) (and copy) to the district clerk's office in the county where you live.

At the clerk's office:

- Turn in the [Consent of Adult Subject to Adoption form](#) (and copy).

- The clerk will “file-stamp” your copy with the date and time. The clerk will keep the original and return your copy to you.

☐ **Step 7: Go to court with your spouse (if applicable) and the adult adoptee to finish your case.**

If you have turned in the signed Consent of Adult Subject to Adoption form and you, (your spouse, if applicable), and the adult adoptee have signed your completed Decree of Adoption of an Adult form, you can all go to court to finish your adoption.

- Call the clerk’s office to learn when and where the court hears uncontested adoption cases.
 - Some courts will schedule your adoption hearing for a specific date and time. Other courts do not require scheduled hearings, and instead allow you to come to court at a time that the judge hears cases on a first-come first-served basis on the “uncontested docket.”
- Read the article [Tips for the Courtroom](#) for more information about going to Court.
 - Bring these papers with you to the courthouse on the day you plan to finish your adoption.
 - A file-stamped copy of your Original Petition for Adoption of an Adult, - **and -**
 - A file-stamped copy of the Consent of Adult Subject to Adoption form signed by the adult adoptee. - **and -**
 - A completed Decree of Adoption of an Adult **signed by you (your spouse, if applicable) and the adult adoptee.** - **and -**
 - A completed Certificate of Adoption.
 - When you get to the courthouse, go to the clerk’s office.
 - Ask the clerk if you need the court file or docket sheet (list of what has been filed in your case).

- When you get to the courtroom, tell the clerk you are there. Sit down until the judge calls your case.
- When the judge calls your case, you, (your spouse, if applicable) and the adult adoptee should walk to the front of the courtroom and stand in front of the judge's bench. The judge will have each of you raise your right hand and swear to tell the truth. Be prepared to quickly tell the judge: who you are, how you are related to the adult adoptee, and that you are asking the judge for an adoption of the adult. It's a good idea to write down everything you want to say so you can read it to the judge if you get nervous.
- The judge will listen to what you say and review your papers. If everything is in order the judge will sign your Decree of Adoption of an Adult.

☐ **Step 8: File the signed order with the clerk.**

After the judge signs your **Decree of Adoption of an Adult**, go back to the clerk's office.

- File (turn in) the signed Decree of Adoption of an Adult signed by the judge. Your case is NOT final until you do so.
 - Give the court clerk the Certificate of Adoption and ask the court clerk to fill out, sign and seal section 4.
 - Make sure the clerk fills out section 4 completely and stamps it with their official seal.
 - Get at least **six** certified copies of your Decree of Adoption of an Adult from the clerk while you are there. (The clerk may charge a fee for the certified copies.)
 - Three copies are for you. The other three copies are for the adult adoptee.
 - Order more than six if you think you might need more.
 - Important: You will not be able to get certified copies of the Decree of Adoption of an Adult without going to court and asking a judge to

formally unseal the adoption file. Order as many certified copies at this stage, because you and the adult adoptee would have to go back to court to ask a judge to unseal the adoption file in the future.

- Ask for the original Certificate of Adoption, and get two copies of the Certificate of Adoption from the clerk while you are there. The clerk may charge a fee for the copies.
 - You will use the original Certificate of Adoption to order a new birth certificate of the adult adoptee.

☐ **Step 9: After your case is finished.**

Follow these steps after your case is finished.

- Give three certified copies of the Decree of Adoption of an Adult (signed by the judge) to the adult you adopted.
- Send the original [**Certificate of Adoption \(VS-160\)**](#) to the [**Vital Statistics Unit, Texas Department of State Health Services**](#) together with a [**Mail Application for Birth or Death Record**](#) and the required fees.
 - DO NOT SKIP THIS STEP. This step is required for the central adoption registry and to order the new birth certificate.
 - Follow the instructions on the instruction sheet of the forms [**VS-160**](#) and [**VS-140**](#).
- Call 888-963-7111 if you have questions on completing the Vital Statistics Unit forms.

Congratulations! You have finalized your adoption.

Cause Number: _____

(The clerk's office will fill in the cause number and court number when you file this form.)

In the Interest of:

(Full name the adult to be adopted.)

In the _____
Court Number

☐ District Court
☐ County Court at Law of:

An Adult.

_____ County, Texas

Original Petition for Adoption of an Adult

My name is: _____
First Middle Last

I am the **Petitioner**, the person asking the Court to order the adoption of the adult named below.

My driver's license was issued in (state) _____. The last three numbers of my driver's license number are: _____.

Or ☐ I do not have a driver's license.

The last three numbers of my social security number are: _____.

Or ☐ I do not have a social security number.

I am _____ years of age at the time of the filing of this *Petition*.

(Check one.)

☐ I am not married.

Or ☐ I am married. My spouse's information is below. My spouse and I bring this suit for adoption together and will be referred to in this document as "Petitioners."

My spouse's name is:

First Middle Last

My spouse is also the **Petitioner**, the person asking the Court to order the adoption of the adult named below.

My spouse's driver's license was issued in (state) _____. The last three numbers of my spouse's driver's license number are: _____.

Or ☐ My spouse does not have a driver's license.

The last three numbers of my social security number are: _____.

Or ☐ My spouse does not have a social security number.

My spouse is _____ years of age at the time of the filing of this *Petition*.

(Check one.)

☐ I am not related to the adult.

☐ I am related to the adult. I am the adult's: _____
Your relationship to the adult

(Check one.)

☐ My spouse is not related to the adult.

☐ My spouse is related to the adult. My spouse is the adult's:

Spouse's relationship to the adult

The Petitioner (or the Petitioners, who are spouses), reside at:

Address

1. Discovery Level.

The discovery level in this case, if needed, is Level 2.

2. Adult Adoptee.

The Petitioner(s) ask the Court to make orders about the following adult who is over the age of 18:

Adult's name

County and state where the adult lives now

3. Jurisdiction.

There are no court orders about the adult. No other court has continuing jurisdiction over this case or the adult.

This court has authority to decide this case because the Petitioner resides (or Petitioners, if married, reside) in this county.

4. Consent of Adult Adoptee.

The consent of the adult to be adopted will be obtained and filed in this case.

5. Court-Ordered Relationships.

There are no court-ordered relationships over the Adult Adoptee subject of this suit at this time.

6. Personal Information of Adult Adoptee.

a. _____
Adult Adoptee's current legal name

is the Adult Adoptee subject of this suit.

b. The name listed on Adult Adoptee's birth certificate is:

c. Adult Adoptee's date of birth is: _____
Month Day Year

d. Adult Adoptee's place of birth is: _____
City County State Country

e. Adult Adoptee is: (Check one) ☐ Male ☐ Female

f. Adult Adoptee's driver's license was issued in (state) _____.

The last three numbers of Adult Adoptee's driver's license number are: _____.

Or ☐ Adult Adoptee does not have a driver's license.

g. The last three numbers of Adult Adoptee's social security number are: _____.

Or ☐ Adult Adoptee does not have a social security number.

7. Request for Judgment.

I ask that the Court grant the adoption between the Petitioner(s) and the Adult Adoptee subject of this suit. Further, I ask the court to order the clerk to seal the file and minutes of the court, to make the orders I have asked for in this Petition, and any other orders to which I am entitled. I ask for general relief.

Respectfully,

Petitioner's Signature

Phone number

→

Petitioner's Printed Name

Date

Petitioner's
Mailing Address:

City

State

Zip

Petitioner's Email
Address:

Petitioner's Fax #
(if available):

Petitioner's Signature

Phone number

→

Petitioner's Printed Name

Date

Petitioner's
Mailing Address:

Petitioner's Email
Address:

City	State	Zip
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Petitioner's Fax #
(if available):

I understand that I must notify the Court in writing if my mailing address or email address changes during these proceedings. If I don't, any notices about this case will be sent to me at the mailing address or email address on this form.

→

Petitioner's Signature

Date

→

Petitioner's Signature

Date

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): _____ COURT (FOR CLERK USE ONLY): _____

STYLED _____
(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing. This sheet, approved by the Texas Judicial Council, is intended to collect information that will be used for statistical purposes only. It neither replaces nor supplements the filings or service of pleading or other documents as required by law or rule. The sheet does not constitute a discovery request, response, or supplementation, and it is not admissible at trial.

1. Contact information for person completing case information sheet:		Names of parties in case:		Person or entity completing sheet is:	
Name: _____ Address: _____ City/State/Zip: _____ Signature: _____	Email: _____ Telephone: _____ Fax: _____ State Bar No: _____	Plaintiff(s)/Petitioner(s): _____ Defendant(s)/Respondent(s): _____ _____	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> <i>Pro Se</i> Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____		
[Attach additional page as necessary to list all parties]					
2. Indicate case type, or identify the most important issue in the case (select only 1):					
<i>Civil</i>			<i>Family Law</i>		
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)	
<i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ <div style="text-align: center; padding: 5px;">Related to Criminal Matters</div> <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children <div style="text-align: center; padding: 5px;">Other Family Law</div> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other <div style="text-align: center; padding: 5px;">Title IV-D</div> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order <div style="text-align: center; padding: 5px;">Parent-Child Relationship</div> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____	
Employment	Other Civil				
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property </div> <div> <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____ </div> </div>				
Tax	Probate & Mental Health				
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<div style="display: flex; justify-content: space-between;"> <div> <i>Probate/Wills/Intestate Administration</i> <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings </div> <div> <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____ </div> </div>				
3. Indicate procedure or remedy, if applicable (may select more than 1):					
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action		<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment		<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover	

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA
AVISO: ESTE DOCUMENTO CONTIENE INFORMACIÓN
CONFIDENCIAL



Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

Declaración sobre Incapacidad de Pago de Costas de Tribunal o de una Fianza de Apelación

Cause Number
Número de Caso

The Clerk's office will fill in the Cause Number when you file this form.

El Secretario del Tribunal anotará el Número de Caso cuando usted presente este formulario.

v.

Copy information listed at the top left of the petition here.

Copie aquí la información ubicada en la parte superior izquierda del escrito de la demanda.

Copy information listed at the top right of the petition here.

Copie aquí la información ubicada en la parte superior derecha del escrito de la demanda.

Court Number
Número del Tribunal

_____, Texas
County
Condado

- ☐ District Court
Tribunal de Distrito
- ☐ County Court
Tribunal del Condado
- ☐ County Court at Law
Tribunal Estatutario
- ☐ Justice Court
Juzgado de Paz
- ☐ Probate Court
Juzgado Sucesorio

1. Your Information / Su Información

- My full legal name is / Mi nombre legal completo es

First Middle Last / Nombre de Pila Segundo Nombre Apellido

- My date of birth is / Mi fecha de nacimiento es

Month Day Year / Mes Día Año

- My address is / Mi dirección es

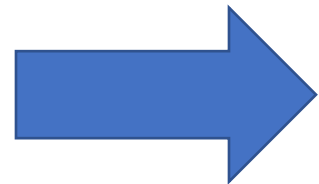
Home / Domicilio _____

Mailing / Dirección Postal _____

- My phone number / Mi número telefónico _____

- My email I check often / Mi correo electrónico que reviso con frecuencia

Go to next page



Pase a la siguiente página

2. About My Dependents / Mis Dependientes

"The people who depend on me financially are listed below." **Use initials only for children under 18.** If needed, attach a separate piece of paper to list more dependents.

"Las personas a continuación dependen económicamente de mí." **Use iniciales para los menores de 18 años** y, si es necesario, anexe una hoja por separado para enumerar a todos sus dependientes.

Name Nombre	Age Edad	Relationship to me Parentesco Conmigo

3. Are you represented by Legal Aid? ¿Está siendo representado por alguna entidad de asistencia legal?

Check only one box. Seleccione solo una casilla.

- ☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as "Exhibit: Legal Aid Certificate."

Me está representando gratuitamente un abogado que trabaja para una entidad de asistencia legal o que recibió mi caso de una entidad de asistencia legal. El certificado que la entidad de asistencia legal me entregó lo adjunto bajo el título, "Anexo: Certificado de Asistencia Legal."

or / o

- ☐ I am not represented by legal aid.

No me está representando ninguna entidad de asistencia legal.



4. Public Benefits / Beneficios de Asistencia Pública

- Do you or any of your dependents receive public benefits?
¿Recibe usted o sus dependientes beneficios de asistencia pública?

☐ Yes / *Sí*

☐ No / *No*

- If you answered yes, check all that apply and attach proof to this form, such as a copy of an eligibility form or check.

Si respondió con un Sí, marque todas las casillas que apliquen y adjunte a este formulario comprobantes, tales como una copia de la carta autorizando que reciba estos beneficios o una copia del cheque que recibe.

☐ Food stamps/SNAP
Cupones de comida/SNAP

☐ TANF

☐ Medicaid

☐ CHIP

☐ SSI/SSDI

☐ WIC

☐ Lifeline

☐ Public Housing or Section 8 Housing
Asistencia de Vivienda / Programa de Vivienda bajo Sección 8

☐ Low-Income Home Energy Assistance
Asistencia con Energía Eléctrica

☐ Community Care via HHS
Ayuda Comunitaria bajo HHS

☐ LIS in Medicare ("Extra Help")
Subsidio Adicional de Medicare bajo el Programa LIS

☐ Needs-based VA Pension
Pensión para Veteranos de Guerra en función a necesidades

☐ Child Care Assistance under Child Care and Development Block Grant
Asistencia con Guardería bajo el Programa CCDBG

☐ County Assistance, County Health Care, or General Assistance (GA)
Asistencia del Condado, Asistencia Médica del Condado, o Asistencia General (GA)

☐ Other / *Otros beneficios*

☐ Other / *Otros beneficios*



5. What are your monthly income sources? ¿Cuáles son sus fuentes de ingresos mensuales?

➤ My **take-home** pay is \$_____ in monthly wages.

Mi **pago neto** es \$_____ en sueldo mensual.

➤ I work as a _____ (your job title) for _____ (your employer).

Yo trabajo como _____ (título de su puesto) para
_____ (compañía o jefe).

➤ \$_____ is my total **monthly** income / son mis ingresos totales **al mes**.

These are my income sources. **Estas son mis fuentes de ingresos.**

➤ \$_____ in unemployment / en beneficios de desempleo.

I have been unemployed since _____ (date).

He estado desempleado desde _____ (indique fecha).

➤ \$_____ in public benefits / en beneficios de Asistencia Pública.

➤ \$_____ from people in my household other than my spouse / de ingresos de otras personas en mi hogar que no son de mi cónyuge.

➤ \$_____ from retirement or pension / de jubilación o pensión.

➤ \$_____ from tips or bonus / de propinas o bonos.

➤ \$_____ from disability / de discapacidad.

➤ \$_____ from worker's comp / de compensación al trabajador.

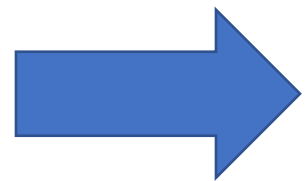
➤ \$_____ from social security / de seguro social.



- \$_____ from military housing / de vivienda militar.
- \$_____ from dividends, interest, or royalties / de dividendos, intereses, o regalías.
- \$_____ from child or spousal support / de manutención de menores o manutención conyugal recibida.
- Answer only if your spouse is not your opponent. Responda tan sólo si su ccónyuge no es parte contraria en esta causa legal.\$_____ from my spouse's income / de ingresos de mi cónyuge.
- \$_____ from other jobs/sources of income / de otros trabajos/ fuentes de ingresos.

Describe / describa:

Go to next page



Pase a la siguiente página

6. What is the value of your assets or property? ¿Cuál es el valor de sus bienes o propiedades?

My property includes: Mis bienes incluyen:	Value / Valor The value is the amount the item would sell for less the amount you still owe on it, if anything. El valor de sus bienes es la cantidad por la que la propiedad o pertenencia se vendería, menos el monto que aún se adeuda, si lo hubiera.
➤ Cash Dinero en efectivo	\$
➤ Bank accounts, other financial assets Cuentas bancarias, otros bienes financieros	
	\$
	\$
	\$
➤ Cars and boats (make and year) Automóviles, lanchas (modelo y año)	
	\$
	\$
	\$
➤ Other property like jewelry, stocks, land, a second house. (Do not list your homestead.) Otros bienes como joyas, acciones, terrenos, una segunda casa. (No indique su hogar familiar.)	
	\$
	\$
	\$
Total Value of Property Valor Total de Sus Bienes	\$



**7. What are your monthly expenses that are not deducted from your paycheck?
¿Cuáles son sus gastos mensuales que no son descontados de su cheque de sueldo?**

My monthly expenses are: Mis gastos mensuales son:	Amount Cantidad
➤ Rent/house payments; maintenance Alquiler/hipoteca; mantenimiento de casa	\$
➤ Food and household supplies Alimentos y artículos para el hogar	\$
➤ Utilities and telephone Luz, gas, agua y teléfono	\$
➤ Clothing and laundry Ropa y lavado de ropa	\$
➤ Medical and dental expenses Gastos médicos y dentales	\$
➤ Insurance (life, health, auto, etc.) Seguros (de vida, médico, de automóvil etc.)	\$
➤ School and childcare Escuelas y guarderías	\$
➤ Transportation, auto repair, gas Transportación, reparaciones de automóviles, gasolina	\$
➤ Child/Spousal support Manutención a Menores/Manutención Conyugal	\$
➤ Debt payments to (list): Pagos por deudas hechas a (indíquelos):	
	\$
	\$
➤ Wages withheld by court order Sueldo retenido por orden judicial	\$
➤ Other expenses (list): Otros gastos (indíquelos):	
	\$
	\$
Total Monthly Expenses Gastos Totales Mensuales	\$



8. Are there debts or other facts explaining your financial situation?
¿Hay deudas u otros factores que expliquen su situación económica?

My debts include (list debt and amount owed):

Mis duedas incluyen (indique deuda y la cantidad que debe):

	\$
	\$
	\$
	\$
	\$

If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts."

Si usted desea que el tribunal considere otros factores, tales como gastos médicos excepcionales, emergencias familiares, etc., adjunte al formulario otra hoja con esta información y bajo el título, "Anexo: Información Adicional de Apoyo."

9. Ability to Pay Court Costs. Declaración sobre su Habilidad de Pagar Costas de Tribunal

Check only one box. Seleccione tan solo una casilla.

- ☐ I cannot afford to pay court costs. No puedo pagar las costas de tribunal.
- ☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision, and I cannot afford to pay court costs.

No puedo aportar una fianza de apelación ni pagar un depósito en efectivo para apelar la decisión judicial de un magistrado, y no puedo pagar costas de tribunal.

Go to next page



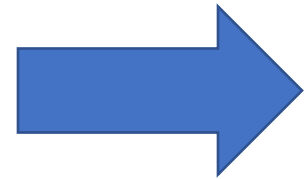
Pase a la siguiente página

10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.

Fill out **only one** box. If you fill out the Declaration, you will not need to sign the form in front of a notary public. If you do not want to list your address for privacy or safety concerns, take the form and photo identification, and fill out the Affidavit box in front of a notary public.

Llene tan **solo una** opción. Si usted llena la Declaración, no necesitará firmar el formulario ante un notario. Si usted no quiere que aparezca su domicilio en el documento para conservar su privacidad o por motivos de su seguridad, lleve el formulario y una identificación con fotografía y llene la sección de la Declaración Escrita Bajo Juramento ante un Notario.

Go to next page



Pase a la siguiente página

Option 1 / Opción 1

Declaration: I declare under penalty of perjury that the foregoing is true and correct.

Declaración: Yo declaro bajo pena de perjurio que la información a continuación es correcta y verdadera.

➤ My name is / Mi nombre es

➤ My date of birth is / Mi fecha de nacimiento es

____/____/____

➤ My address is / Mi domicilio es

Street, city, zip, country

Calle y número, ciudad, estado, código postal, país

➤

Signature

Firma

➤

Date (month, day, year)

Fecha (mes, día, año)

➤

County, state

Condado, estado

Go to next page



Pase a la siguiente página

Option 2 / Opción 2

Affidavit: I swear under penalty of perjury that the foregoing is true and correct.

Declaración Escrita Bajo Juramento: Yo juro bajo pena de perjurio, que lo que precede es correcto y verdadero.

You fill out this section.

Usted llena esta sección.

- _____
Your printed name
Su nombre en letra de molde
- _____
Your signature
Su firma

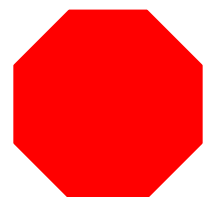
The notary fills out this section.

El Notario llena esta sección.

- _____
Subscribed before me this day of
Juramentado y suscrito ante mí el día de hoy del mes de

_____, 20____

NOTARY
NOTARIO



Cause Number: _____

In the Interest of:

(Full name the adult to be adopted.)

In the _____

Court Number

- ☐ District Court
☐ County Court at Law of:

An Adult

_____ County, Texas

Adult's Agreement to Be Adopted

I am the Adult Adoptee in this matter.

My date of birth is: _____
Month Day Year

Check one

- ☐ I am 18 years of age or older.
- ☐ I am younger than age 18 but have been legally emancipated.

If you are under 18 and were legally emancipated, please complete the following:

The court order emancipating me was made in _____
County, _____ (state) on _____ (date).

The cause number for the order is _____.

- ☐ I am younger than age 18 and was legally married on _____ (date) in
_____ (county), _____ (state),
_____ (country).

The place I was born is:

City

State

Country

Consent

I want to be adopted by the Petitioner(s), and I agree to be adopted by the Petitioner(s).

Signature of Adult Adoptee

Signature of Adult Adoptee

Date

Cause Number: _____

(The Clerk's office will fill in the cause number and court number when you file this form.)

In the Interest of:

(Print the full name the adult to be adopted.)

An Adult.

In the _____

Court Number

☐ District Court

☐ County Court at Law of:

_____ County, Texas

Decree of Adoption of an Adult

A hearing took place today. The following people were present.

1. Appearances.

The Petitioner is (are): _____
First Middle Last

(Print second Petitioner's name, if applicable) _____
First Middle Last

The Petitioner(s) appeared in person without a lawyer.

The Adult Adoptee is: _____
First Middle Last

The Adult Adoptee appeared in person without a lawyer.

2. Jurisdiction.

The Court finds that it has jurisdiction over this case, the parties, and that no other court has continuing jurisdiction over this case. The Court further finds that the Petitioner(s) reside in this county.

3. Record.

(The Court fills out this section)

A court reporter ☐ did or ☐ did not record today's hearing.

4. Findings.

4.1. **Consent.** The Court finds that the adult to be adopted (the Adult Adoptee) has consented to this adoption in a written consent on file in this case.

4.2. **Court-ordered relationships.** The Court finds that there are no court-ordered relationships over the Adult Adoptee subject of this suit at this time.

4.3. **Personal information.** The Court finds the Adult Adoptee's personal information is as follows:

a. _____ is the Adult Adoptee subject of this suit.
Print Adult Adoptee's current legal name

b. The name listed on Adult Adoptee's birth certificate is:

c. Adult Adoptee's date of birth is: _____.
Month Day Year

d. Adult Adoptee's place of birth is: _____.
City County State Country

e. Adult Adoptee is: (Check one) ☐ Male ☐ Female

5. Orders

5.1. **Adoption Granted.** It is ORDERED that the adoption of the Adult Adoptee subject of this suit and the Petitioner(s) is GRANTED, and the Adult Adoptee is the:

(Check one) ☐ son ☐ daughter of the Petitioner(s) for all purposes.

5.2 **Report Transmitted; Files Sealed.** IT IS FURTHER ORDERED that after entry of final orders in this case, a certified report of adoption in accordance with section 108.003 of the Texas Family Code shall be transmitted to the Bureau of Vital Statistics at Austin, Texas. All papers and records in this case, including the minutes of the Court, are ORDERED sealed.

Judge's Signature

Date

APPROVED AS TO SUBSTANCE AND FORM:

Petitioner's Signature

Date

Petitioner's Signature

Date

Adult Adoptee's Signature

Date

Amending a **Birth** Certificate based on Adoption

Who Can Apply for a Correction?

- The person named on the birth certificate, if at least 18 years of age.
- Adoptive Parent(s) of the person named on the birth certificate.
- Attorney representing the adoptive parent(s) of the person named on the birth certificate.
- District clerks (district clerks do not need to complete sections 6 and 7).

How Do I Make a Correction?

- ☐ Complete all sections and sign the Certificate of Adoption. See pages 3 and 4.
 - ☐ Section 5 on page 3 **MUST** be completed and certified by the clerk of the court.
 - ☐ **The applicant must ATTACH A COPY OF THEIR VALID PHOTO ID.** If the District clerk is submitting the application, the clerk needs to provide as a form of ID a cover letter on office letterhead referencing the adoptee(s).
- ☐ The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted.
- ☐ Submit a certified copy (with original certification) of the final decree of adoption **if section 5 is not complete or certified.**
- ☐ Submit the appropriate fees. See fee schedule below.

For Frequently Asked Questions, go to: <https://www.dshs.texas.gov/vs/faq/#adopt>

Where Do I Mail the Application?

Regular Mailing Instructions - *Estimated processing time is 6-8 weeks.*

See <https://www.dshs.texas.gov/vs/processing/> for current times.

Please submit your application, supporting documents (if required) and fees to:

DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.

Expedited Service Mailing Instructions - *Estimated processing time is 20-25 business days.*

The order and \$5.00 processing fee must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.**

Please submit your application, supporting documents (if required) and fees to:

DSHS-Vital Statistics Section, MC 2096, 1100 W. 49th Street, Austin, TX 78756.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

Fees: How much must I submit?

Fee Schedule		Fee (\$)	Qty (#)		Total (\$)
Filing Fees:					
<input type="checkbox"/>	Correction to Birth Certificate based on adoption	\$25.00		=	\$25.00
Birth Certificate(s):					
<input type="checkbox"/>	Certified Corrected Birth Certificate (\$22.00 per copy)	\$22.00	X	=	
Central Adoption Registry Fee:					
<input type="checkbox"/>	Central Adoption Registry Fee (per adoption decree granted in Texas)	\$15.00		=	\$15.00
For urgent requests, orders may be EXPEDITED by paying the below expedited processing fee AND sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to: DSHS-Vital Statistics Section, MC 2096, 1100 W. 49th Street, Austin, TX 78756.					
<input type="checkbox"/>	Expedited processing Fee	\$5.00		=	
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.					
<input type="checkbox"/>	Expedite Overnight Mail (shipping within USA)	\$12.50		=	
<input type="checkbox"/>	USPS Express Overnight Mail (shipping overnight to PO Box ONLY)	\$22.95		=	
Grand Total					

Fees may be combined in one check or money order made payable to *DSHS – Vital Statistics*

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.

INSTRUCTIONS:

Once the application is approved, a new birth record will be filed with the adoption information.

Section 1: Birth Certificate Information

- The information completed in this section should show the child's information prior to this adoption. This is required to locate the birth certificate our office will be amending.
- The child's name, date of birth, sex, and place of birth are required.
- Parents' names are required for Texas-born adoptions; parents' names are not required for foreign-born adoptions.

Section 2: Information for New Birth Certificate

- This section **must** show the adoptive parents information. Do not list married name as maiden name.
- If this is a step-parent adoption, the biological parent's information should also be included in this section. A step-parent adoption is NOT a single parent adoption.
- All items in this section are required. Incomplete applications will not be processed.

Section 3: Parent's Signature

- **An adoptive parent's signature is required.** Incomplete applications will not be processed.

Section 4: Attorney/Placing Agency Information

- Include the name, address and telephone number of the attorney of record.
- If applicable, include the child placing agency or managing conservator.

Section 5: Certification of the Court

- This section **must be completed** by the clerk of the court granting the adoption, including the new name of the child.
- If this section **is not certified** by the clerk of the court granting the adoption, then the applicant may complete this section and **must** submit a **certified copy (with the original certification)** of the final decree of adoption. The adoption decree must properly identify the birth record to be amended – including the child's original name, date of birth and adoptive name. For foreign-born adoptions, the adoption decree must also include the country of birth.

Please note: **All documents, both certified and photocopied, submitted will be retained by our office and placed in a sealed file.** A court order is required to unseal a file. Parents should keep copies of certified documents for their records and future use before sending them.

Section 6: What is Your Name? (Applicant's Information)

- This section **must be completed** with the applicant's contact information and relationship to the person named on the birth certificate. District clerks do not need to complete this section.
- This section must include to whom our office will mail the newly filed birth certificate.
- A copy of the applicant's valid photo ID **must** be included with the application.

Section 7: Would the applicant like to order a certified copy of the new birth record?

- The information completed in this section is used by our office to determine if a certified copy of the newly filed birth certificate reflecting the adoptive information is being ordered and the number of certified copies being ordered. District clerks do not need to complete this section.
- If a birth certificate **is not** ordered, this section does **not** need to be signed in the presence of a notary public, county clerk, or other person authorized to administer oaths.
- If a birth certificate **is** ordered, this section **must be signed** by the applicant in section 6: one of the adoptive parents, the adult adoptee, or attorney in the presence of a notary public, county clerk, or other person authorized to administer oaths. The application **must include** a photocopy of the valid photo ID for the person signing.
- The notary public's signature, seal or stamp, and commission expiration date **must** be shown in this section.



Certificate of Adoption

THIS IS A PERMANENT RECORD. Type or Print (blue or black ink ONLY). Remittance No. _____

Section 1: Birth Certificate Information

Enter information as it appears on the current birth certificate (before this adoption).

Birth Certificate Number, if known: 142 - -				
Child's First Name:	Middle Name:	Last Name:	Date of Birth (MM/DD/YYYY):	Sex:
Time of Birth:	Name of Hospital/Facility:	City:	County:	State or Foreign Country:
Full Maiden Name (First, Middle, Last) of Parent 1:		Full Maiden Name (First, Middle, Last) of Parent 2:		

Section 2: Information for New Birth Certificate

All information below MUST be provided or a new birth certificate cannot be completed.

Is this a Single Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent 1 <input type="checkbox"/> Adoptive <input type="checkbox"/> Biological	Title to Appear on Birth Record (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent			
	First Name:	Middle Name:	Current Last Name:	Maiden Last Name(s) before marriage:
	Date of Birth (MM/DD/YYYY):		Place of Birth (State or Foreign Country):	
Parent 2 <input type="checkbox"/> Adoptive <input type="checkbox"/> Biological	Title to Appear on Birth Record (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent			
	First Name:	Middle Name:	Current Last Name:	Maiden Last Name(s) before marriage:
	Date of Birth (MM/DD/YYYY):		Place of Birth (State or Foreign Country):	
Parent(s) Address at the time of child's birth:	Street Address	City	County	State Zip
Parent(s) Current Address:	Street Address	City	County	State Zip
Parent(s) Email Address:			Parent(s) Phone No.: () -	

Section 3: Parent's Signature

Parent's Signature (REQUIRED):	
---------------------------------------	--

Section 4: Attorney/Placing Agency Information

Attorney's Information:	Name of Attorney of Record:	Attorney's Email Address:
	Mailing Address (Street address, City, State, Zip):	Phone No.: () -
Placing Agency or Managing Conservator:	Name of Child Placing Agency or Managing Conservator:	
	Mailing Address (Street address, City, State, Zip):	Phone No.: () -

Section 5: Certification of the Court

Please complete the child's name as set forth in the Decree of Adoption.

Name of the child as set forth in the Adoption Decree:		
First	Middle	Last
I hereby certify that the above information is correct as stated in the Decree of Adoption which was granted on _____ day of _____, _____ in the _____ Court of _____ County, Texas in Cause # _____.		
_____ District Clerk's Signature		[Stamp or Seal]

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. (Texas Health and Safety Code, Chapter 195).

Section 6: What is Your Name? (Applicant's Information)

Name (First, Middle, Last):	
Address (Mailing Address, City, State, Zip):	
Email Address:	Telephone # (8am-5pm): () -
Your relationship to Person named on the birth certificate: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Self <input type="checkbox"/> Attorney representing Adoptive Parent(s) >>>>>>A COPY OF THE APPLICANT'S VALID PHOTO ID MUST BE ATTACHED<<<<<<<	

Section 7: Would the applicant like to order a certified copy of the new birth record?

Check one:

☐ No, I would not like a certified copy of the new birth record.☐ Yes, I would like a certified copy of the new birth record. Number ordered: _____

If Yes, verify the fees and quantity ordered in the fee box on Page 1 and mailing address in Section 6. Sign below in the presence of a notary public and **ATTACH a copy of your valid Photo ID. Applications without acceptable valid ID attached will **not** be processed.** Cross-outs or white-outs will **VOID** your application.

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. (Texas Health and Safety Code, Chapter 195).

Adoptive Parent, Adult Adoptee, or Attorney >>>>>ATTACH A COPY OF YOUR VALID PHOTO ID<<<<<			
Printed Name:		Signature:	
Address:	City:	State:	Zip:
Notary Public, County Clerk, or other person authorized to administer oaths			
Sworn to and subscribed before me, this _____ day of _____ 20_____.		<i>[Stamp or Seal]</i>	
Signature:			
Printed name and title:			

**TEXAS**Health and Human
ServicesTexas Department of State
Health Services**MAIL APPLICATION FOR BIRTH RECORD**

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. SEE INSTRUCTIONS ON BACK.**Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)**

Your Name (First, Middle, Last Name):			
Street Address:	City:	State:	Zip Code:
Email Address:		Daytime Phone Number:	
Your relationship to Person named on Certificate (Check One): <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian (proof required) <input type="checkbox"/> Legal Representative (proof required) <input type="checkbox"/> Other: _____			
<input type="checkbox"/> 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:
Reason for Request: <input type="checkbox"/> Newborn <input type="checkbox"/> Travel/Passport <input type="checkbox"/> Records <input type="checkbox"/> School <input type="checkbox"/> Insurance <input type="checkbox"/> Other: _____			

Step 2: INFORMATION FOR PERSON NAMED ON BIRTH RECORD (Must be completed to Identify Record Requested)

FULL NAME ON RECORD:	First Name	Middle Name	Last Name
DATE OF BIRTH:	Month	Day	Year
SEX:			
PLACE OF BIRTH:	City or Town	County	TEXAS ONLY
FULL NAME OF PARENT 1:	First Name	Middle Name	Maiden Last Name (Before first marriage)
FULL NAME OF PARENT 2:	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
<input type="checkbox"/> Long Form Birth Certificate (Travel/Passport)		x \$22.00	\$
<input type="checkbox"/> Short Form Birth Certificate (General Use)		x \$22.00	\$
<input type="checkbox"/> Texas Flag Heirloom Birth Certificate (Framing and Display)		x \$60.00	\$
<input type="checkbox"/> Bassinet Heirloom Birth Certificate (Framing and Display)		x \$60.00	\$
<input type="checkbox"/> Birth Verification (Letter, not official certificate)		x \$22.00	\$
<input type="checkbox"/> Military Personnel with current deployment orders		Exempt	
<input type="checkbox"/> Foster or Homeless child or youth		Exempt	
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.			
<input type="checkbox"/> Expedited Processing (estimated 20-25 business days)			\$5.00
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.			
<input type="checkbox"/> Overnight Return Mail (for shipping within USA)			\$12.50
<input type="checkbox"/> USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
<input type="checkbox"/> I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.			\$5.00
	Total Due:		\$

Step 4: AFFIDAVIT (NOTARY SECTION)**ONLY applications for birth certificates (NOT birth verifications) submitted by mail need to be notarized**

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me

on _____
(Date)By _____
(Printed Name of applicant acknowledging)_____
(Notary Public's Signature)

(Personalized Seal)

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) ____/____/____



MAIL APPLICATION FOR BIRTH RECORD

Processing times are estimates and subject to change with an increased volume of customer applications.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

Walk In: Same day service in most cases. Hours are Monday-Friday 8:00 am - 4:00 pm. DSHS - Vital Statistics Section, 1100 W. 49th St., Austin, TX 78756

Online Orders: Visit www.texas.gov to order online. Online orders are mailed 15-20 business days after receipt of the request.

Mail In Orders: Processed and mailed 6 - 8 weeks after receipt of the request. Mail to: DSHS - VSS, P.O. Box 12040, Austin, TX 78711-2040. For current processing times, please see our website at: <https://www.dshs.texas.gov/vs/processing/>.

Expedited Orders: Processed and mailed 20 - 25 business days after receipt of the request. **Must be sent to the Texas Department of State Health Services - Vital Statistics Section via an OVERNIGHT mail service, such as FedEx, LoneStar, or UPS to: DSHS – VSS MC 2096, 1100 W. 49th St., Austin, TX 78756**

Long form Birth Certificate - Most comprehensive birth record. It is a copy of the original birth certificate. It will also show a history of corrections that have been made to the birth record. This form is often used for requesting passports.

Short form Birth Certificate - An abstract of the birth record. This birth certificate will only show current information for the child's name, date of birth, place of birth, sex, and name of parent(s). This form will not show a history of corrections. This form is often used for school records and is acceptable for most purposes.

Heirloom birth certificate - Heirloom birth certificates are abstracts of the birth record. They are primarily used for framing and display. The information on an "heirloom birth certificate" is similar to a "short form". Examples of heirloom birth certificates can be seen on our website at <http://www.dshs.texas.gov/reqproc/heirloom.shtm>.

Verification Letter - A verification letter will include the child's name, the date of birth, and the county where the birth occurred. Verification letters are available for births that have occurred since 1903. Verification letters are not considered legal substitutes for certified copies of birth certificates. The VSS strongly recommends that applicants ensure a verification will satisfy its intended use.

Military Personnel with current deployment orders – [Texas Government Code 437.217](#). EXEMPTION FROM FEES FOR MILITARY PERSONNEL. A member of the National Guard on federal active duty, or a member of the armed forces of the United States on active duty, who is preparing to be deployed to serve in a hostile fire zone as designated by the United States secretary of defense is exempt from paying the following state or local governmental fees the member incurs because of the deployment to arrange the member's personal affairs: (1) fees for obtaining copies of: (A) a birth certificate. **MILITARY ID AND MILITARY ORDERS ARE REQUIRED.**

Foster or Homeless child or youth – [Texas Health and Safety Code 191.0049](#). BIRTH RECORD ISSUED TO FOSTER CHILD OR YOUTH OR HOMELESS CHILD OR YOUTH. On request of a child or youth described by this section, the state registrar, a local registrar, or a county clerk shall issue, without fee or parental consent, a certified copy of the child's or youth's birth record to: (1) a homeless child or youth as defined by 42 U.S.C. Section 11434a; (2) a child in the managing conservatorship of the Department of Family and Protective Services; and (3) a young adult who: (A) is at least 18 years of age, but younger than 21 years of age; and (B) resides in a foster care placement, the cost of which is paid by the Department of Family and Protective Services. **DOCUMENTATION OF STATUS IS REQUIRED.**

Copies of birth certificates for births that occurred within the past 75 years can be requested only by the immediate family of the person whose name is on the birth certificate. See Section 181.1(13) of the Texas Administrative Code for who qualifies as an immediate family member. An immediate family member is the child, their guardian, their children, spouses, parents, siblings, or grandparents.

Applicants who are not immediate family members must provide legal documentation (such as a court order establishing guardianship) that demonstrates a direct, tangible interest in the birth certificate.

The applicant must include a copy of his or her valid photo ID issued by a governmental entity. See Section 181.28 of the Texas Administrative Code for a complete list of acceptable forms of identification. You also can see VSS's page on acceptable identification in English (<http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

If a record is not on file, our office will issue a "not found" letter.

Customer Checklist

- ☐ Complete steps 1, 2, and 3 of the application. Please type or print clearly.
- ☐ Complete step 4 of the application and have it notarized, if requesting a birth certificate.
- ☐ Sign and date the application.
- ☐ Make sure the application is original and not a photocopy and there are no cross-outs or white-out.
- ☐ Enclose a copy of a current driver's license, passport or state identification. See complete ID list on our website.
- ☐ Enclose appropriate fees. **Make checks or money orders payable to DSHS – Vital Statistics.**

For more information, go to: <https://www.dshs.texas.gov/vs/requirements.aspx>.

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.