



CENTRAL ADOPTION REGISTRY

REQUEST FOR OPEN RECORDS

In 1984, we started collecting and maintaining social and medical information on private non-related adoptions. We also have records from many out-of-business child-placing agencies. To review the list of available records that we maintain, please visit us online at: <http://www.dshs.state.tx.us/vs/reqproc/adoptagencies.shtm>

As required by law, we will redact the confidential portion of the record. Specifically, Texas Family Code §162.018 - Access to Information, requires us to edit the record to protect the identity of the biological parents and any other person whose identity is confidential.

TO REQUEST A COPY OF YOUR RECORD, PLEASE COMPLETE THE FOLLOWING:

The more information you are able to provide us with will help us locate and process your request promptly.

Today's Date	I am the: <input type="checkbox"/> Adoptee <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other _____		
Full Adopted Name (Including Maiden)			
The Adopted Person is a: <input type="checkbox"/> Male <input type="checkbox"/> Female	Adoptee's Date of Birth	Adoptee's Place of Birth	
Child Placing Agency: <input type="checkbox"/> Unknown			
State and County of Adoption: <input type="checkbox"/> Unknown		Adoptee's Age at adoption: <input type="checkbox"/> Newborn <input type="checkbox"/> Toddler <input type="checkbox"/> Child <input type="checkbox"/> Teenager	
Adoptive Father's Name:		Adoptive Mother's Name (including her maiden name):	
Your Name Today:			
Your Mailing Address:			
City	State	Zip	
Phone: ()	Email Address:		
Reason(s) for requesting records: <input type="checkbox"/> Medical <input type="checkbox"/> Heritage <input type="checkbox"/> Proof of adoption <input type="checkbox"/> Other (please explain)			

Informed of updated medical by the adoption registry.

Signature

Date

Your request **must** be accompanied with a

**copy of a valid photo ID, i.e., a copy of your driver's license, passport, or State identification, and
copy of a government-issued document that includes your maiden name, if applicable**

We will respond to your request within 10 business days after the date it is received by our department. Once you have completed this form, please send it along with a **copy of the requested identification** to:

**Central Adoption Registry (MC 1966)
PO Box 149347
Austin, Texas 78714-9347**

PLEASE NOTE: If your record is 50 pages or less, there will not be a charge assessed to receive a copy. If the record is 50 pages or more, we will contact you with an estimate before proceeding with processing the record.