



APPLICATION FOR IDENTITY OF COURT OF ADOPTION

PLEASE PRINT AND INCLUDE A PHOTOCOPY OF A VALID PHOTO ID WITH YOUR REQUEST

1. Full Adoptive Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth	Month	Day	Year
3. Sex			
4. Place of Birth	City or Town	County	State
5. Full Name of Adoptive Father	First Name	Middle Name	Last Name
6. Full Name of Adoptive Mother	First Name	Middle Name	Maiden Name

7. YOUR NAME: _____ 8. TELEPHONE # (_____) - _____
 (MON-FRI 8:00-5:00)

9. MAILING ADDRESS: _____
 STREET ADDRESS CITY STATE ZIP

Your Signature _____ Date of Application _____

INSTRUCTIONS:
Please mail

- this application
- \$10 payment by check or money order
- a photocopy of valid photo ID**

TO:
Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040