STATE OF TEXAS CERTIFICATE OF ADOPTION THIS IS A PERMANENT RECORD – PLEASE TYPE OR PRINT ONLY

SECTION 1	PLEASE		E BIRTH CERTIFICAT			N		
	_		FILE IN THE VITAL S					
			TION IS NECESSARY TO					
	1. NAME OF CHILD (BEFORE THIS	S ADOPTION) FIR:	ST MIDDLE	LAST	2. DATE OF BIRTH (mm/	dd/yyyy)	3. SEX	
ODIOINIAI								
ORIGINAL BIRTH	4. TIME OF BIRTH 5.	NAME OF HOSPITAL		6. CITY	7. COUNTY	8. 9	TATE OR FOREIGN COUNTRY	
INFORMATION								
	9. NATURAL MOTHER FIRST	MIDDLE	MAIDEN	10. NATURAL FATHER	FIRST	MIDDLE	LAST	
SECTION 2	PLEASE E	NTER THE IN	FORMATION AS IT I	S TO APPEAR ON	THE NEW BIRT	H RECOF	RD.	
0_0.0.0			elow MUST be provided					
			Complete Only The Ap					
	p-Parent Adoption?	<u> </u>	This a Single Parent Adoption? 13. Do You Want The Birth Record Changed Based on the Adoption Decree?				he Adoption Decree?	
Yes	∐ No	Yes	∐ No	Yes	No			
MOTHER	14. NAME OF MOTHER FIRS	T	MIDDLE	CURRENT LAST	NAME	MAIDEN I	LAST NAME	
Adoptive								
_	15. DATE OF BIRTH		PLACE OF BIRTH (STATE OR FOR 16.	OREIGN COUNTRY)	17. MOTHER'S SOC BIRTH CERTIFICATI		NUMBER (WILL NOT APPEAR ON THE	
Natural								
FATHER	18. NAME OF FATHER FIRS	т	MIDDLE		LAST	LAST		
Adoptive								
—	19. DATE OF BIRTH		0. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)		21. FATHER'S SOC BIRTH CERTIFICATI	21. FATHER'S SOCIAL SECURITY NUMBER (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)		
└ Natural						,		
PARENT(S) ADDRESS AT THE TIME OF CHILD'S BIRTH	22. STREET ADDRESS		CITY	COUNTY STATE	ZIP	23. INSIDE C		
						□ Ye		
PARENT(S) CURRENT	24. STREET ADDRESS		CITY	STATE	ZIP	25. PARENT(S) TELEPHONE NUMBER:	
ADDRESS								
26. PARENT(S) EMAIL AD	DRESS		27. SIGNATURI	E OF PARENT(S)				
MAIL BIRTH	28: Attorney Parent(s) 🗌 Clerk's Offi	MAILING ADDRESS		CITY		STATE ZIP	
CERTIFICATE TO:								
SECTION 3			FORMATION BELOW		AL ADOPTION F	REGISTR	Y	
	29. NATURAL MOTHER	FIRST	MIDDLE	LAST (MAIDEN)	30. S	SN		
CENTRAL	31. NATURAL MOTHER'S DATE C	DE RIKTH		32. NATURAL MOTHER'S PLACE	OF BIRTH			
ADOPTION REGISTRY		07			-			
INFORMATION	33. NATURAL FATHER FIF	RST	MIDDLE	LAS	T 34. S	SN		
	35. NATURAL FATHER'S DATE O							
		- Dirtiti		36. NATURAL FATHER'S PLACE OF BIRTH				
	37. NAME OF ATTORNEY OF RE	CORD			ADDRESS			
	37. NAME OF ATTORNET OF REC	CORD		38. ATTORNEY'S EMAIL	LADDRESS			
ATTORNEY	39 MAILING ADDRESS OF ATTOR				10	TELEPHONE NU	MDED	
	39 MAILING ADDRESS OF ATTOR	(NE T			40.		IMBER	
PLACING	41. NAME OF CHILD PLACING AG	ENCY OR MANAGING	CONSERVATOR					
AGENCY OR								
	42. MAILING ADDRESS OF CHILD	PLACING AGENCY OR	MANAGING CONSERVATOR		43.	TELEPHONE NU	IMBER	
CONSERVATOR								
SECTION 4		CEDI	FIFICATION OF THI					
SECTION 4	Dia		the child's name as		orea of Adaptia	n		
44 NAME OF TH	IE CHILD AS SET FOI			Set forth in the De	cree of Adoptio			
FIRST		MIDDLE	OF HON DEOREE.	LAST				
45. I HEARBY CER	TIFY THAT THE ABOVE	INFORMATION IS	S CORRECT AS STATED IN	THE DECREE OF ADO	PTION WHICH WAS	GRANTED		
ON	DAY OF		IN THE	COURT	OF	_		
COUNTY, TEXAS IN	N CAUSE #		<u>.</u> .					
DISTRICT CLERK'S SIGNATURE								
L (0# 36))			. The penalty for knowingly making	g a false statement on this form	n or for signing a form whic		,	
imprisonment and a fine of up to \$10,000. (Health & Safety Code, \$195,003) VS-160 REV 01/2014								

CERTIFICATE OF ADOPTION INSTRUCTIONS

These instructions are designed to assist you in the proper completion of the Certificate of Adoption. Should you have any questions, please contact our office toll free at 888-963-7111 for assistance. **PLEASE TYPE OR PRINT LEGIBLY.**

SECTION 1

The information in this section relates to the child's information currently on file in the Vital Statistics Office. Enter the name of the child prior to adoption in item 1. This information must be supplied to enable us to locate the adoptee's current certificate of birth.

SECTION 2

Item #11 If this is a step-parent adoption, the information concerning the natural parent MUST also be furnished.

Item # 12 If this is a single parent adoption, please complete the appropriate information regarding adopting parent.

A step-parent adoption is **<u>not</u>** a single-parent adoption.

Item #13 If a NEW certificate is to be prepared, mark "YES".

Items #14 through #27 this information relates to the adoptive parents. Some of this information will be transferred to the NEW certificate of birth.

Item #28 should be completed to indicate if the Attorney, Parent(s), or District Clerk will receive the new birth certificate and provide the current mailing address of the recipient.

the current maning address of the re

SECTION 3

Items #29 through #36 are for the Central Adoption Registry. Please provide the requested information obtained on the biological parents at the time of the adoption and/or termination of parental rights.

Items #37 through #40 Enter the name, mailing address, email address and telephone number of the attorney of record.

Items #41 through #43 Enter the information relating to the child placing agency or managing conservator.

SECTION 4

Items #44 through #45, should be completed by the Clerk of the Court. This section **MUST** be completed to show the child's name after adoption as shown in the final decree of adoption. If Section 4 is not completed by the clerk of the court granting the adoption, a **CERTIFIED COPY** of the final decree of adoption **MUST** be attached to the certificate of adoption form and will be retained by our office.

EXPLANATION OF FEES:

FOR CHILDREN **BORN IN TEXAS OR A FOREIGN COUNTRY**, THE FEE TO FILE A NEW BIRTH CERTIFICATE BASED ON ADOPTION IS **\$47.00**. THE \$47.00 FEE INCLUDES THE REQUIRED \$25.00 FEE TO FILE THE ADOPTION AND THE \$22.00 FEE TO ISSUE ONE CERTIFIED COPY OF THE NEW BIRTH CERTIFICATE. (ADDITIONAL CERTIFIED COPIES ARE \$22.00 EACH)

THE **\$15.00** CENTRAL ADOPTION REGISTRY (CAR) FEE IS REQUIRED ON EACH ADOPTION DECREE GRANTED IN TEXAS. IF THE CHILD WAS BORN IN ANOTHER STATE AND THE ADOPTION WAS GRANTED IN TEXAS, ONLY THE \$15.00 CAR FEE IS REQUIRED.

FOR ADOPTIONS GRANTED IN OTHER US STATES OR TERRITORIES THE CENTRAL ADOPTION REGISTRY FEE OF \$15.00 IS NOT REQUIRED.

A TOTAL FEE OF \$62.00 MAY BE SUBMITTED IN ONE PAYMENT MADE PAYABLE TO TEXAS VITAL STATISTICS.

MAIL THE PROPERLY COMPLETED CERTIFICATE OF ADOPTION WITH THE **APPROPRIATE FEES** TO:

VITAL STATISTICS UNIT TEXAS DEPARTMENT OF STATE HEALTH SERVICES PO BOX 12040 AUSTIN TX 78711-2040



Warning: It is a felony to falsify information on this document. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000. (Health & Safety Code, §195,003) VS-160 REV 01/2014