



**ACKNOWLEDGMENT OF PATERNITY
INQUIRY REQUEST FORM**

Budget: ZZ712-153
Fee Received: _____
___ Positive Search
___ Negative Search
Date Mailed/ Fax: _____

The AOP Registry only includes Acknowledgments of Paternity filed from September 1, 1999 to the present.

Name of Child: _____ Date of Birth: _____

City or County of Birth: _____

Mother's complete name: _____ Date of Birth: _____

Biological Father's name: _____ Date of Birth: _____

Name and address of Person making the Inquiry:

First Middle Last

Address City State Zip Code

() ()

Daytime Telephone Number Fax number

Family Code §160.313 limits access to AOP's to the following individuals/agencies:

Relationship: ___ Mother ___ Father ___ Presumed Father ___ Court Ordered for Attorney

Release: I authorize you to give the copy of the above-identified Acknowledgment of Paternity form to:

SIGNATURE OF REQUESTOR

DATE

This inquiry request requires a searching fee of \$10.00. A copy of a government issued license is required. Checks should be made payable to the Department of State Health Services (DSHS) -ZZ712. Mail completed form and fee to the address below. This inquiry may also be faxed to 512-458-7164 and paid with a MasterCard or Visa.

If faxed: M/C VISA ACCT # _____ EXP DATE _____

NAME OF CARDHOLDER _____

CARDHOLDER ADDRESS _____

3 - DIGIT SECURITY CODE _____ (Found on back of card).

CARDHOLDER PHONE NUMBER _____

Mail To: AOP Registry
Texas Department of State Health Services
P.O. BOX 12040
Austin, Texas 78711-8040

WARNING: This is a governmental document. Texas penal code, section 37.10, specifies penalties for making false entries or providing false information in this document. VS-134.1 Rev 12/2005