



## PATERNITY REGISTRY INQUIRY REQUEST

**CHILD:**

NAME OF CHILD	FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
BIRTHPLACE	CITY	COUNTY	STATE	SEX
PRIOR NAME OF CHILD, IF ANY				
MOTHER'S NAME	FIRST	MIDDLE	LAST	MAIDEN
MOTHER'S SOCIAL SECURITY NUMBER	MOTHER'S DRIVER'S LICENSE NUMBER		MOTHER'S DATE OF BIRTH (MM/DD/YYYY)	

**POSSIBLE FATHER(s):**

POSSIBLE FATHER'S NAME	FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER	
POSSIBLE FATHER'S NAME	FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER	
POSSIBLE FATHER'S NAME	FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER	

**RELPLY TO BE MAILED TO:**

NAME OF PERSON AND/OR AGENCY MAKING INQUIRY	DAYTIME TELEPHONE NUMBER ( )
ADDRESS STREET NUMBER AND NAME CITY STATE ZIP CODE	FAX NUMBER – IF YOU REQUIRE A FAXED RESPONSE (REPLY WILL ALSO BE MAILED)
RELATIONSHIP (CHECK ONE) <input type="checkbox"/> COURT <input type="checkbox"/> MOTHER OF CHILD <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> LICENSED CHILD PLACING AGENCY <input type="checkbox"/> LICENSED ATTORNEY PARTICIPATING IN ADOPTION – STATE BAR NUMBER _____ <input type="checkbox"/> OTHER, SPECIFY _____	

\_\_\_\_\_  
**SIGNATURE OF REQUESTOR**

\_\_\_\_\_  
**DATE**

**This inquiry request requires a searching fee of \$10.00. Checks should be made payable to Department of State Health Services (DSHS) – ZZ056. Mail complete 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: Paternity Registry  
 Texas Department of State Health Services  
 P.O. BOX 12040  
 Austin, Texas 78711-8040**

<b>VITAL STATISTICS USE ONLY</b>	
RESPONSE:	DATE MAILED/FAXED _____
<input type="checkbox"/> POSITIVE	
<input type="checkbox"/> NEGATIVE	FEE RECEIVED _____

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 Rev 12/2005