



**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