



Part I: REGISTRANT INFORMATION (all applicants complete this section)

VSU Form 2271 (7/07)

Form section for registrant information including fields for Name (First, Middle, Last, Maiden Name, Suffix), Other Names Used, Sex, Birth Date, Age, Social Security Number, E-mail address, Mailing Address, Telephone, Birth City, Birth County, Birth State/Country, and checkboxes for Adoptee, Birth Mother, Birth Father, and Sibling.

Part II: INFORMATION TO BE COMPLETED BY ADOPTEE (complete as many items as possible)

Form section for adoptee information including fields for County of Adoption, Date of adoption, Adoptive Mother's name, Date of Birth, Her religious affiliation, Adoptive Father's name, Date of Birth, His religious affiliation, Was an adoption agency used?, Attorney's Name, Was child welfare or child protective services involved?, If yes, where was the child living when removed from care, Name of Birth Mother, Her date of birth and her age at time of your birth, Delivering Doctor's name, Name of Birth Father, His date of birth and his age at time of your birth, and Are you aware of any siblings?

Part III: INFORMATION TO BE COMPLETED BY BIRTH PARENT (complete as much as possible)

If you are looking for more than one child, please complete a separate application for each child.

Form section for birth parent information including fields for Birth name of child, Adoptive name of child, Date of birth of child, Sex, Hospital or maternity home, City and/or County of Birth & State, Delivering Doctor's Name, Did the birth mother use an alias at the hospital or maternity home?, Birth mother's religious affiliation, Birth mother's name at birth of child, Date of birth and age at child's birth, State/city of birth, Birth father's name and last known address, Date of birth and age at child's birth, State/city of birth, Was the birth mother married at the time of this child's birth?, If yes, please provide husband's name, Was the child placed with an adoption agency?, If yes, name of agency, If no, name of attorney or law firm, Was child welfare or child protective services involved?, If yes, where was the child living when removed from care, and Year of removal.

Your other birth children:

Table with 5 columns: Name of child (and any aliases or nicknames), Maiden Name, Date of Birth, Place of Birth City/State, Name of Other Birth Parent and Date of Birth.

Part IV: INFORMATION TO BE COMPLETED BY BIRTH-SIBLING (complete as many items as possible)
If there is more than one sibling you are searching for, please duplicate this page, as needed.

Is the sibling you are looking for a: <input type="checkbox"/> Full-sibling OR <input type="checkbox"/> Half-sibling		If half-sibling, are you related by: <input type="checkbox"/> Mother <input type="checkbox"/> Father		What order in the biological mother's family is this child? (Example, first of five)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Adoptive name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown				Birth Name of Child <input type="checkbox"/> Unknown			
Date of birth of child		City of Birth		County of Birth		Hospital	
Birth mother's name at birth of child, including maiden name			Her date of birth and age at time of child's birth		Her city/state of birth		Her religious affiliation
Was an alias used by the birth mother at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, state named used			
Birth father's name			Birth father's date of birth and age		His city/state of birth		
Was the birth mother married at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, please provide her husband's name, his date of birth.			
Was an adoption agency used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, name of agency			Name of attorney or law firm		
Was child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, where was the child living when removed from care (city and/or county)? and with whom?			
If you are a sibling, please provide: Your birth mother's full name including maiden and all married names. <input type="checkbox"/> Unknown				Your birth father's full name <input type="checkbox"/> Unknown			
If you are adopted, your adopted or legal mother's full name, including (maiden) and date of birth.				If you are adopted, your adopted or legal father's full name, including date of birth			
Why do you believe you have a biological sibling(s)?							
Names of other birth siblings		Maiden Name	Date of Birth	Place of Birth	Half-Sibling or Full-Sibling	Name of Birth Parents	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Mother Father	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Mother Father	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Mother Father	

Part V: COMMENTS SECTION (story of placement, additional information not listed above) **Use separate page, if needed.**

Part VI: ALL APPLICANTS COMPLETE THIS SECTION

I am willing to allow my identity to be disclosed to those registrants **eligible** to learn my identity..... yes no

I authorize the administrator of the registry to inspect all vital statistics records, court records, hospital records and agency records including confidential records..... yes no

I consent to the disclosure of my identity after my death to those registrants eligible to learn my identity. yes no

For adoptees only: I want to be informed if registry records indicate that a biological sibling has also registered..... yes no

Your application is good for 99 years unless you state a shorter period of time here..... _____

I certify that the information contained in this form is true and correct to the best of my knowledge.

X Signature _____ Date _____

Mail application, proof of ID and \$30, payable to DSHS:
 VSU – CAR (MC 1966), PO Box 149347, Austin TX 78714-9347