

**CERTIFICATE OF ADOPTION**

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health & Safety Code, §195.003, 1989)

|  |  |   |          |  |                      |  |
|--|--|---|----------|--|----------------------|--|
| <b>SECTION 1</b><br><br>ORIGINAL BIRTH INFORMATION   | 1. NAME OF CHILD (BEFORE ADOPTION) FIRST MIDDLE LAST   |   |          | 2. DATE OF BIRTH (mm/dd/yyyy)  |                      | 3. SEX   |
|  | 4. TIME OF BIRTH   | 5. NAME OF HOSPITAL                           |          | 6. CITY  | 7. COUNTY            | 8. STATE OR FOREIGN COUNTRY  |
|  | 9. NATURAL MOTHER FIRST MIDDLE LAST (MAIDEN)   |   |          | 10. NATURAL FATHER FIRST MIDDLE LAST   |                      |  |
| <b>SECTION 2</b><br><br>ADOPTION INFORMATION COMPLETE THIS SECTION AS IT SHOULD APPEAR ON THE "NEW" BIRTH RECORD | 11. NEW NAME OF CHILD AFTER ADOPTION FIRST MIDDLE LAST SUFFIX I  |   |          |  |                      |  |
|  | 12. IS THIS A SINGLE PARENT ADOPTION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                          |   |          | 13a. DO YOU WANT A NEW BIRTH CERTIFICATE? 13b.<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                      | 13b. IF YES, DO YOU WANT THE NAME OF HOSPITAL SHOWN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |
|  | 14. NAME OF ADOPTIVE FATHER FIRST MIDDLE LAST SUFFIX   |   |          |  |                      | 15. DATE OF BIRTH (mm/dd/yyyy)   |
|  | 16. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  |   | 17. RACE | 18a. HISPANIC ORIGIN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                          | 18b. IF YES, SPECIFY | 19. RELATIONSHIP: <input type="checkbox"/> STEP-PARENT<br><input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NON-RELATIVE<br><input type="checkbox"/> NATURAL FATHER |
|  | 20. NAME OF ADOPTIVE MOTHER FIRST MIDDLE MAIDEN  |   |          | 21. DATE OF BIRTH (mm/dd/yyyy)   |                      |  |
|  | 22. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  |   | 23. RACE | 24a. HISPANIC ORIGIN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                          | 24b. IF YES, SPECIFY | 25. RELATIONSHIP: <input type="checkbox"/> STEP-PARENT<br><input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NON-RELATIVE<br><input type="checkbox"/> NATURAL MOTHER |
|  | 26a. MAILING ADDRESS OF ADOPTIVE MOTHER AT TIME OF BIRTH - STREET # AND NAME CITY COUNTY STATE ZIP                         |   |          |  |                      | 26b. INSIDE CITY LIMITS<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |
|  | 27. SIGNATURE OF EITHER ADOPTIVE PARENT  |   |          | 28a. ADOPTIVE FATHER'S SSN 28b.  |                      | 28b. ADOPTIVE MOTHER'S SSN   |
|  | 29. ADOPTIVE PARENTS CURRENT MAILING ADDRESS STREET # AND NAME CITY STATE ZIP  |   |          |  |                      | 30. ADOPTIVE PARENTS TELEPHONE NO.   |
|  | <b>SECTION 3</b><br><br>NAME AND ADDRESS OF ANY PERSON WHOSE CONSENT WAS REQUIRED OR WAIVED UNDER CHAPTER 162, FAMILY CODE | 31. NATURAL MOTHER FIRST MIDDLE LAST (MAIDEN) |          |  |                      |  |
| 33. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP   |  |   |          |  |                      |  |
| 34. NATURAL FATHER FIRST MIDDLE LAST   |  |   |          |  | 35. SSN              |  |
| 36. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP   |  |   |          |  |                      |  |
| 37. GUARDIAN'S NAME FIRST MIDDLE LAST  |  |   |          |  | 38. SSN              |  |
| 39. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP   |  |   |          |  |                      |  |
| 40. MANAGING CONSERVATOR'S NAME FIRST MIDDLE LAST  |  |   |          |  | 41. SSN              |  |
| 42. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP   |  |   |          |  |                      |  |
| <b>ATTORNEY</b>  | 46. NAME OF ATTORNEY OF RECORD   |   |          |  |                      |  |
|  | 47. MAILING ADDRESS OF ATTORNEY  |   |          |  | 48. TELEPHONE NUMBER |  |
| <b>AGENCY</b>  | 49. NAME OF CHILD PLACING AGENCY (IF APPLICABLE)   |   |          |  |                      |  |
|  | 51. MAILING ADDRESS OF AGENCY (IF APPLICABLE)  |   |          |  | 50. LICENSE NUMBER   |  |
| <b>REGISTRY</b>  | 53. NAME OF ADOPTION REGISTRY  |   |          |  |                      |  |
|  | 54. MAILING ADDRESS OF REGISTRY  |   |          |  | 55. TELEPHONE NUMBER |  |
| <b>SECTION 4</b><br><br>CERTIFICATION OF COURT   | 56. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN DECREE WHICH WAS GRANTED                           |   |          |  |                      |  |
|  | ON _____ DAY OF _____  |   |          |  |                      |  |
|  | IN THE _____ COURT OF _____ COUNTY, TEXAS IN CAUSE # _____   |   |          |  |                      |  |
| _____<br>DISTRICT CLERK'S SIGNATURE  |  |   |          |  |                      |  |



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 at (512)458-7111 for assistance. **PLEASE TYPE OR PRINT LEGIBLY.**

### **SECTION 1**

The information in this section relates to the child's information **at birth**. 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 original certificate of birth.

### **SECTION 2**

Item 11 must show the full name of the child as it should be **after** adoption. Items 12-30 relate to personal information of the adoptive parents. The responses in these items should be the information as of the date of the adoptees birth (item 2). This information will be transferred to the NEW certificate of birth for the adopted child.

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

If a NEW certificate is to be prepared, mark "YES" in item 13a. IF the name of the hospital is to be shown on the new certificate, mark "YES" in item 13b.

The signature of either the adoptive mother or adoptive father must appear in item 27 verifying the information in Section 2.

### **SECTION 3**

Complete items 31 through 45 for any person whose consent was required or waived under Chapter 162, Texas Family Code. This information is required for inclusion in the Central Adoption Registry. All applicable blocks must be completed. If any or all of the information in items 37 through 45 are not applicable, leave the item(s) blank.

If more than one father is identified and consents to the adoption, list the additional "father" information in an alternate section. Use the "Guardian's Name" or "Other Person" fields if not needed otherwise. Mark through the printed title in the item, write "father", and complete the blanks as required.

Enter the name, mailing address and telephone number of the attorney of record in items 46-48.

Enter the information relating to the child placing agency in items 49-52, if applicable.

In items 53-55 enter the information relating to the adoption registry maintaining the information on this adoption, if applicable.

### **SECTION 4**

This section **MUST** be completed by the clerk of the court granting the 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.

MAIL THE PROPERLY COMPLETED CERTIFICATE OF ADOPTION WITH THE

**\*\*APPROPRIATE FEES TO:**

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

### **\*\*EXPLANATION OF FEES:**

The Texas Vital Statistics Unit is now collecting the CAR funds (Central Adoption Registry), as required by Chapter §108.006(b) of the Family Code. These fees are to be submitted along with the additional filing fees and certified copy fees collected by the Unit.

A **\$15.00** CAR (Central Adoption Registry) FUND FEE IS REQUIRED ON EACH ADOPTION DECREE GRANTED IN TEXAS.

IF THE CHILD WAS **BORN IN TEXAS OR A FOREIGN COUNTRY** AND A NEW BIRTH CERTIFICATE BASED UPON ADOPTION MUST BE FILED, A FEE OF **\$25.00** IS REQUIRED.

TO RECEIVE ONE CERTIFIED COPY OF THE NEW BIRTH RECORD, PLEASE INCLUDE AN ADDITIONAL FEE OF **\$22.00**.

THE **TOTAL FEE OF \$62.00** MAY BE SUBMITTED WITH **ONE CHECK**, PAYABLE TO TEXAS VITAL STATISTICS.

IF THE CHILD WAS BORN IN ANOTHER STATE AND THE ADOPTION WAS GRANTED IN TEXAS, ONLY THE \$15.00 CAR FUND IS REQUIRED.