

**ADOPTIONS AND/OR PATERNITY INTERVIEW SHEET**

**I. CASE INFORMATION - If known and/or applicable**

Case Number: \_\_\_\_\_

County: **GALVESTON COUNTY, TEXAS** \_\_\_\_\_

Court: \_\_\_\_\_

**II. PETITIONER(S)**

1. **Full Legal Name(s) of Petitioner 1 (including Maiden Name, if applicable :**

\_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Address at time of Child's Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**IF APPLICABLE:**

**2. Full Legal Name(s) of Petitioner 2 (including Maiden Name, if applicable :**

\_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Address at time of Child's Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**III. RESPONDENT(S)**

**Biological Mother:**

**Full Legal Name, including Maiden name if different: :**

\_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Biological Father:**

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Have parental rights been terminated as to Mother: YES / NO      Father: YES/NO

If Yes, When: \_\_\_\_\_ County: \_\_\_\_\_

Do you have a copy of the termination order: \_\_\_\_\_

If yes, please provide a copy of the order and/or the cause number.

If No, do you have any additional information to locate him for service of process - other than address listed above, i.e. work, relative's home? \_\_\_\_\_

If No, do you think he/she will be willing to Voluntarily Relinquish? \_\_\_\_\_

Is father Alleged? Presumed? Or Legal Father of the child(ren): \_\_\_\_\_

**IV. CHILD[REN]**

1. Current Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth (City/County/State) \_\_\_\_\_

Is the child(ren) currently in your possession? \_\_\_\_\_

If Yes, For how long? \_\_\_\_\_

Child's Relationship to Petitioner(s), if any: \_\_\_\_\_

Proposed name change, if applicable: \_\_\_\_\_

**IF APPLICABLE: Please use the back of this page if there are more than two children.**

2. Current Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of Birth (City/County/State) \_\_\_\_\_

Is the child(ren) currently in your possession? \_\_\_\_\_

If Yes, For how long? \_\_\_\_\_

Child's Relationship to Petitioner(s), if any: \_\_\_\_\_

Proposed name change, if applicable: \_\_\_\_\_

#### **V. AFFIDAVIT OF INTERSTATE COMPACT**

You will need to complete for filing an Affidavit of Interstate Compact which shows compliance if the child you are adoption has been placed with you by an out-of-state agency or person. If that is not the case, the affidavit must still be filed but will indicate that you do not have to comply with ICPC because the child was not placed by an out-of-state agency or person. You may do that in our office or at a location that is more convenient to you but it must be in the presence of a Notary. You may fax or email it back to the office but please return the original by mail, at your earliest convenience.

#### **VI. CERTIFICATE OF ADOPTION -**

Please complete as much information as possible on the *Certificate of Adoption* form attached to this document. You do not need to sign it YET. The form will be typed and returned to you for signatures upon completion.

## **VII. APPLICATION FOR NEW BIRTH CERTIFICATE**

Please complete the attached Application for New Birth Certificate. You do not need to sign it YET. The form will be typed and returned to you for signatures upon completion. You must provide a copy (preferably color - which we can make here in our office) of a photo ID. It may be a Driver's License or Passport or other similar ID.

## **VIII. CREDIT CARD AUTHORIZATION FORM**

If you are using a credit card to pay for legal fees and/or filing fees, you may complete the attached form and return it with your contract, via email. Please remember that we cannot begin services without a contract and your form of payment.

## **IX. CONTRACT**

Please be sure that you have signed a completed contract for services. Our office will not begin work on the case without a signed contract and your form of payment.

**NOTICE: THIS DOCUMENT  
CONTAINS SENSITIVE DATA**

**AFFIDAVIT CONCERNING INTERSTATE COMPACT**

\_\_\_\_\_ appeared in  
person before me today and stated under oath:

"I am the Petitioner. I am above the age of eighteen years, and I am fully competent to make this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.

"This is a suit for adoption.

"There has not been compliance with subchapter B of chapter 162 of the Texas Family Code, which deals with the interstate placement of children, because the child the subject of this suit was not placed by another state or by an out-of-state person, agency, or entity."

\_\_\_\_\_  
**Affiant**

SIGNED under oath before me on the \_\_\_\_\_ (Date).

\_\_\_\_\_  
**Notary Public, State of Texas**

**STATE OF TEXAS**

**CERTIFICATE OF ADOPTION**

**THIS IS A PERMANENT RECORD - PLEASE TYPE OR PRINT ONLY**

**SECTION 1**

**PLEASE FURNISH THE BIRTH CERTIFICATE INFORMATION CURRENTLY ON FILE IN THE VITAL STATISTICS OFFICE**  
**THIS INFORMATION IS NECESSARY TO LOCATE THE BIRTH CERTIFICATE**

1. NAME OF CHILD (BEFORE THIS ADOPTION)		FIRST		MIDDLE		LAST	
2. DATE OF BIRTH (MM/DD/YYYY)		LAST		MIDDLE		FIRST	
3. NAME OF HOSPITAL		A. CITY		B. STATE OR FOREIGN COUNTRY		C. SEX	
4. DATE OF BIRTH		FIRST		MIDDLE		LAST	
5. PARENT		FIRST		MIDDLE		LAST	
6. PARENT		FIRST		MIDDLE		LAST	

**SECTION 2**

**PLEASE ENTER THE INFORMATION AS IT IS TO APPEAR ON THE NEW BIRTH RECORD.**  
**All information below MUST be provided or a new birth certificate cannot be completed.**  
**Single-Parent Adoption - Complete Only The Appropriate Information Regarding The Adopting Parent**

11. Is this a Step-Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Is this a Single Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do You Want The Birth Record Changed Based on the Adoption Decree? <input type="checkbox"/> Yes <input type="checkbox"/> No
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14. TITLE OF PARENT	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	15. NAME OF PARENT	FIRST	MIDDLE	LAST
16. DATE OF BIRTH	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive	17. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	LAST NAME BEFORE ADOPTION		
18. DATE OF BIRTH	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive	19. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	LAST NAME BEFORE ADOPTION		
19. TITLE OF PARENT	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	20. NAME OF PARENT	FIRST	MIDDLE	LAST
21. DATE OF BIRTH	<input type="checkbox"/> Biological <input type="checkbox"/> Adoptive	22. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	LAST NAME BEFORE ADOPTION		
23. STREET ADDRESS	CITY	COUNTY	STATE	ZIP	24. BIRTH CITY LIMITED?
25. STREET ADDRESS	CITY	COUNTY	STATE	ZIP	26. PARENT'S TELEPHONE NUMBER
27. PARENT'S SOCIAL SECURITY NO. (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)		28. PARENT'S SOCIAL SECURITY NO. (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)			

**SECTION 3 PLEASE PROVIDE THE INFORMATION BELOW FOR THE CENTRAL ADOPTION REGISTRY**

29. MAIL BIRTH CERTIFICATE TO:	<input type="checkbox"/> Attorney	<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Clerk's Office
30. MAILING ADDRESS	CITY	STATE	ZIP

**SECTION 4**

**CENTRAL ADOPTION REGISTRY INFORMATION**

31. BIOLOGICAL MOTHER	FIRST	MIDDLE	LAST	32. SON
33. BIOLOGICAL MOTHER'S DATE OF BIRTH	34. BIOLOGICAL MOTHER'S PLACE OF BIRTH			
35. BIOLOGICAL FATHER	FIRST	MIDDLE	LAST	36. SON
37. BIOLOGICAL FATHER'S DATE OF BIRTH	38. BIOLOGICAL FATHER'S PLACE OF BIRTH			

**ATTORNEY**

39. NAME OF ATTORNEY OF RECORD	40. ATTORNEY'S EMAIL ADDRESS
41. MAILING ADDRESS OF ATTORNEY	42. TELEPHONE NUMBER

**PLACING AGENCY OR CONSERVATOR**

43. NAME OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR	44. MAILING ADDRESS OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR
45. TELEPHONE NUMBER	46. TELEPHONE NUMBER

**49. NAME OF THE CHILD AS SET FORTH IN THE ADOPTION DECREE:**

**CERTIFICATION OF THE COURT**

**Please complete the child's name as set forth in the Decree of Adoption**

47. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN THE DECREE OF ADOPTION WHICH WAS GRANTED	ON	DAY OF	IN THE	COURT OF	COUNTY, TEXAS IN CAUSE #
DISTRICT CLERK'S SIGNATURE					



Warning: It is a felony to falsify information on this document. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000. (Health & Safety Code, §185.003)

Please complete all known info -  
one for each child!

**CERTIFICATE OF ADOPTION  
INSTRUCTIONS**

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 our toll free 888-883-7111 for assistance. **PLEASE TYPE OR PRINT LEGIBLY.**

**SECTION 1**

The information in this section relates to the child's information currently on file in the Vital Statistics Office. 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 current certificate of birth

**SECTION 2**

Item #11 if this is a step-parent adoption, the information concerning the natural parent **MUST** also be furnished.

Item # 12 if this is a single parent adoption, please complete the appropriate information regarding adopting parent.

A step-parent adoption is not a single-parent adoption.

Item #13 If a **NEW** certificate is to be prepared, mark "YES".

Items #14 through #28 this information relates to the adoptive parents. Some of this information will be transferred to the **NEW** certificate of birth.

**SECTION 3**

Items #30 through #36 are for the Central Adoption Registry. Please provide the requested information obtained on the biological parents at the time of the adoption and/or termination of parental rights.

Items #37 through #40 Enter the name, mailing address, email address and telephone number of the attorney of record.

Items #41 through #43 Enter the information relating to the child placing agency or managing conservator.

**SECTION 4**

Items #44 through #45, should be completed by the Clerk of the Court. This section **MUST** be completed to show the child's name after adoption as shown in the final decree of 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 and will be retained by our office.

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

**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 THE FEE OF \$22.00. EACH ADDITIONAL BIRTH CERTIFICATE REQUESTED IS ALSO \$22.00.**

**A \$15.00 CENTRAL ADOPTION REGISTRY FEE IS REQUIRED ON EACH ADOPTION DECREE GRANTED IN TEXAS. IF THE CHILD WAS BORN IN ANOTHER STATE AND THE ADOPTION WAS GRANTED IN TEXAS, ONLY THE \$15.00 CAR FUND IS REQUIRED.**

**THE TOTAL FEE OF \$62.00 MAY BE SUBMITTED IN ONE PAYMENT PAYABLE TO TEXAS VITAL STATISTICS.**

**MAIL THE PROPERLY COMPLETED CERTIFICATE OF ADOPTION WITH THE  
\*\*APPROPRIATE FEES TO:**

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



Warning: It is a felony to falsify information on this document. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to \$10,000. (Health & Safety Code, §195.603)

**VS-160 REV 02/2011**



OFFICE USE ONLY



OFFICE USE ONLY

Remit No  
By ZZ 708-153

### MAIL APPLICATION FOR BIRTH AND DEATH RECORD

**PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.**

**Make check or money orders payable to: DSHS - Vital Statistics.** All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$22			Certified Copy (1 copy)	\$20		
Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/>	\$60			Additional Copies	\$3		
<b>Total (Check or money order payable to DSHS)</b>				<b>Total (Check or money order payable to DSHS)</b>			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

#### IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)

Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

#### APPLICANT INFORMATION (Part II)

Applicant Name	Telephone #	Email Address
Full Mailing Address	Street Address	City State Zip
Relationship to person listed above	Purpose for obtaining this record:	

I authorize mailing to the address below. I have verified that the address below will receive my order.

Name of Person Receiving Copies, if Different from Applicant		
Mailing Address for Copies, if Different from Applicant		
City	State	Zip

#### AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Before me on this day appeared \_\_\_\_\_ (Applicant name)  
 now residing at \_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State)  
 who is related to the person named on Part I as \_\_\_\_\_ (Relationship) and who on oath deposes and says that the contents of this affidavit are true and correct.  
 The applicant presented the following type and number of identification: \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
 (Seal) Sworn to and subscribed before me, this \_\_\_ day of \_\_\_, 20 \_\_\_\_.  
 Signature of Notary Public and Notary ID Number \_\_\_\_\_  
 Typed or Printed Name: \_\_\_\_\_  
 Commission Expires: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)**

**MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:**  
 Texas Vital Records Department of State Health Services  
 P.O. Box 12040 Austin, TX 78711-2040