BUDGET-FUND: ZZ712

TEXAS Department of State Health Services

PATERNITY REGISTRY INQUIRY REQUEST

FEE RECEIVED: _____

POSITIVE SEARCH: _____

NEGATIVE SEARCH: _____

CHILD:

NAME OF CHILD FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
CHILD A.K.A. (LEAVE BLANK IF NONE) FIRST	MIDDLE	LAST	
BIRTHPLACE CITY	COUNTY	STATE	SEX
MOTHER'S NAME FIRST	MIDDLE	LAST	MAIDEN
MOTHER A.K.A. (LEAVE BLANK IF NONE) FIRST	MIDDLE	LAST	
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/SDD/YYYY)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	

REPLY TO BE MAILED TO:

NAME OF PERSON AND/OR AGENCY MAKING INQUIRY			DAYTIME TELEPHONE NUMBER
ADDRESS STREET NUMBER AND NAME	CITY	STATE	ZIP CODE
HOW DO YOU WANT YOUR RESPONSE FAX ◯ MAIL ◯	FAX NUMBER – REQUIRED FOR FAXED RESPONSE		

RELATIONSHIP (CHECK ONE)

◯ COURT ◯ MOTHER OF CHILD ◯ STATE AGENCY _____ ◯ LICENSED CHILD PLACING AGENCY

◯ LICENSED ATTORNEY PARTICIPATING IN ADOPTION – STATE BAR NUMBER _____

◯ OTHER, SPECIFY _____

_____ _____

SIGNATURE OF REQUESTOR **DATE**

A copy of government issued identification is required [Title 25 TAC §181.1(13)]

This inquiry request requires a search fee. If paying by credit card the fee is $12.25. If paying by check or money order the fee is $10.00. Make check or money order payable to Texas Department of State Health Services (DSHS) -ZZ712. Mail completed form and fee to the address below. This inquiry may also be faxed to 512-776-7164 and paid with a MasterCard, Visa, American Express or Discover.

If faxed: ◯ M/C ◯ VISA ◯ DISCOVER ◯ American Express

ACCT # _____ **EXP DATE** _____

NAME OF CARDHOLDER _____

CARDHOLDER ADDRESS _____

3 - DIGIT SECURITY CODE _____ **(Found on back of card)**

CARDHOLDER PHONE NUMBER,
INCLUDING AREA CODE _____

Mail To:
Paternity Registry
Vital Statistics Unit, MC 1966
P.O. BOX 12040
Austin, Texas 78711-2040

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.

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