VOLUNTARY CENTRAL ADOPTION REGISTRY APPLICATION INSTRUCTIONS
Complete the 2-page Voluntary Central Adoption Registration application and mail it and the following items to:

VSU – CAR
DSHS MC2096
P.O. Box 149347
Austin, TX 78714-9347

____ A $30.00 check or money order, payable to: **DSHS**
____ Proof of age and identity in the form of a photo ID, i.e., a current driver's license, passport, or State ID, and
_____ If your name has changed due to marriage, a copy of a legal document that includes your maiden name, i.e., a copy of a birth or marriage certificate.
_____ If you are a biological sibling, a copy of your birth certificate must be included in order to verify the biological relationship;
_____ If your name has been legally changed, a certified copy of the court order verifying the name change should accompany the request.

Information for the Adoptee:
If a child-placing agency was involved in your placement, you may be able to request a non-identified/ redacted copy of your adoption record from the adoption agency files. Vital Statistics Unit houses records from many closed child-placing agencies. To review the list of available closed child-placing agency records that we maintain, please visit online at:

http://www.dshs.state.tx.us/vs/reqproc/adoptagencies.shtm

If interested in knowing the identity of the court and the cause number of your adoption, please include an additional $10 fee (total of $40) and check "yes" to "I have included an additional $10 (total fee of $40) to receive the identity of the court of adoption" on page 2, Part 6, of the Voluntary Central Adoption Registry application. The court that granted the adoption requires this information if you wish to petition the court to order the unsealing of your adoption record.

All Applicants: Please note that processing your Registry application may take as long as 45 days. If you have any questions, please contact our office at 1-888-963-7111 x7388 or x6279.

Texas Voluntary Central Adoption Registry

Department of State Health Services — REGISTRATION APPLICATION

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

NAME – First	Middle	Last	Maiden Name	Suffix

OTHER NAMES USED (including married, aliases, nicknames)	Sex ☐ Male ☐ Female

Birth Date	Age	Social Security Number	E-mail address

Mailing Address	City	State	Zip

Telephone (including Area Code)	Birth City	Birth County	Birth State/Country

I am: (check all that apply)
☐ Adoptee ☐ Birth Mother ☐ Birth Father ☐ Birth Sibling

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

How old were you when you were placed in your adoptive home?	County of Adoption	Agency of Adoption	Date of adoption or approximate year

Adoptive Mother's name (including maiden name)	Date of Birth	Her religious affiliation	What city and/or county were your adoptive parents living in when you were placed with them?
Adoptive Father's name	Date of Birth	His religious affiliation	

Was child welfare or child protective services involved? ☐ Yes ☐ No ☐ Unknown	If yes, where was the child living when removed from care (city and/or county)?	Year of removal

Name of Birth Mother ☐ Unknown	Her date of birth and her age at time of your birth	Delivering Doctor's name
Name of Birth Father ☐ Unknown	His date of birth and his age at time of your birth	Are you aware of any siblings? ☐ Yes ☐ No If yes, please complete Part IV. ☐ Unknown

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

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

Birth name of child (First, Middle, Last, Maiden) ☐ Unknown	Adoptive name of child (First, Middle, Last, Maiden) ☐ Unknown

Date of birth of child (if unknown, give year and approximate time of year)	Sex ☐ Male ☐ Female ☐ Unknown

Hospital or maternity home	Agency of Adoption	City and/or County of Birth & State	Delivering Doctor's Name

Did the birth mother use an alias at the hospital or maternity home? ☐ Yes ☐ No ☐ Unknown	If yes, state name used.	Birth mother's religious affiliation

Birth mother's full name (include maiden name and all married names)	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? ☐ Yes ☐ No ☐ Unknown	If yes, please provide husband's name

Was child welfare or child protective services Involved? ☐ Yes ☐ No ☐ Unknown	If yes, where was the child living when removed from care (city and/or county)?	Year of removal

Your other children:

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 registering for, please duplicate this page, as needed.

Is the sibling you are looking for a: ☐ full-sibling OR ☐ half-sibling	If half-sibling, are you related by: ☐ mother ☐ father	What order in the biological mother's family is this child? (example, first of five)	☐ Male ☐ Female ☐ Unknown
Adoptive name of child (First, Middle, Last, Maiden) ☐ Unknown		Birth Name of Child ☐ Unknown	
Date of birth of child	City of Birth	County of Birth	Hospital
Birth mother's name, include (maiden name) and all married names.	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?	☐ Yes ☐ No ☐ 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? ☐ Yes ☐ No ☐ Unknown	If, yes please provide her husband's name, his date of birth		
Was child welfare or child protective services involved? ☐ Yes ☐ No ☐ 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: ☐ Unknown Your birth mother's full name including maiden and all married names	Your birth father's full name		
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 an adopted biological sibling(s)?			

Names of birth siblings you are not looking for	Maiden Name	Date of Birth	Place of Birth	Half-Sibling Or Full-Sibling	Name of Birth Parents
				☐ Full ☐ Half	Mother Father
				☐ Full ☐ Half	Mother Father
				☐ Full ☐ 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. ……………………………………………………… ☐ yes ☐ no

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

For adoptees only: I have included an additional $10 (total fee of $40) to receive the identity of the court of adoption …. ☐ 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 (MC2096), PO Box 149347, Austin TX 78714-9347