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/reproc/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.
## Part I: REGISTRANT INFORMATION (all applicants complete this section)

<table>
<thead>
<tr>
<th>NAME – First</th>
<th>Middle</th>
<th>Last</th>
<th>Maiden Name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

OTHER NAMES USED (including married, aliases, nicknames)

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Age</th>
<th>Social Security Number</th>
<th>E-mail address</th>
</tr>
</thead>
</table>

Mailing Address

<table>
<thead>
<tr>
<th>Telephone (including Area Code)</th>
<th>Birth City</th>
<th>Birth County</th>
<th>Birth State/Country</th>
</tr>
</thead>
</table>

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)

<table>
<thead>
<tr>
<th>How old were you when you were placed in your adoptive home?</th>
<th>County of Adoption</th>
<th>Agency of Adoption</th>
<th>Date of adoption or approximate year</th>
</tr>
</thead>
</table>

Adoptive Mother’s name (including maiden name)

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Her religious affiliation</th>
<th>What city and/or county were your adoptive parents living in when you were placed with them?</th>
</tr>
</thead>
</table>

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)?

<table>
<thead>
<tr>
<th>Year of removal</th>
</tr>
</thead>
</table>

Name of Birth Mother

<table>
<thead>
<tr>
<th>Date of Birth and her age at time of your birth</th>
<th>Delivery Doctor’s name</th>
</tr>
</thead>
</table>

Name of Birth Father

| Unknown | His date of birth and his age at time of your birth | Are you aware of any siblings?

If yes, please complete Part IV.

- [ ] Yes
- [ ] No
- [ ] 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.

<table>
<thead>
<tr>
<th>Birth name of child (First, Middle, Last, Maiden)</th>
<th>Adoptive name of child (First, Middle, Last, Maiden)</th>
</tr>
</thead>
</table>

Date of birth of child (if unknown, give year and approximate time of year)

<table>
<thead>
<tr>
<th>Sex</th>
</tr>
</thead>
</table>
| [ ] Male
| [ ] Female
| [ ] Unknown |

Hospital or maternity home

<table>
<thead>
<tr>
<th>Agency of Adoption</th>
<th>City and/or County of Birth &amp; State</th>
<th>Delivering Doctor’s Name</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Birth mother’s full name (include maiden name and all married names)</th>
<th>Date of birth and age at child’s birth</th>
<th>State/city of birth</th>
</tr>
</thead>
</table>

Birth father’s name and last known address

<table>
<thead>
<tr>
<th>Date of birth and age at child’s birth</th>
<th>State/city of birth</th>
</tr>
</thead>
</table>

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)?

<table>
<thead>
<tr>
<th>Year of removal</th>
</tr>
</thead>
</table>

## Your other children:

<table>
<thead>
<tr>
<th>Name of child (and any aliases or nicknames)</th>
<th>Maiden name</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Name of Other Birth Parent and Date of Birth</th>
</tr>
</thead>
</table>

| 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
- 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

Full-Sibling

Or

Full-Sibling

Name of Birth Parents

Mother

Father

Mother

Father

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