



TEXAS
Health and Human
Services

Texas Department of State
Health Services

OFFICE USE ONLY

FEE RECEIVED: _____

POSITIVE SEARCH: _____

NEGATIVE SEARCH: _____ BUDGET-FUND: ZZ712

APPLICATION FOR PATERNITY REGISTRY INQUIRY

COMPLETE STEPS 1, 2, 3 & 4. SIGN & DATE THE APPLICATION. INCLUDE A PHOTOCOPY OF YOUR VALID ID.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name):			
Street Address:		City	State
Zip Code			
How do you want your response? ☐ Email ☐ Mail	Email- REQUIRED FOR EMAILED RESPONSE		Daytime Telephone Number
Per Family Code 160.412 , information contained in the registry is confidential and may be released on request only to the following: YOUR RELATIONSHIP (CHECK ONE): ☐ COURT ☐ MOTHER OF CHILD ☐ STATE AGENCY _____ ☐ LICENSED CHILD PLACING AGENCY ☐ LICENSED ATTORNEY PARTICIPATING IN ADOPTION - STATE BAR NUMBER _____ ☐ OTHER, SPECIFY _____			
☐ I authorize mailing to the address below instead of my mailing address listed above.			
Name:			
Address to Send to if different than noted above:		City:	State:
Zip Code:			

Step 2: INFORMATION FOR CHILD IN REGISTRY (If left blank, application will NOT be accepted for processing)

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)	

Step 3: 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/DD/YYYY)
SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER	

Step 4: COST & FEES (NOT REFUNDABLE, if Record Not found)

Select Record Type:	Qty	Price/each	Total
☐ Paternity Registry Inquiry	1	x \$10.00	\$
For urgent requests, orders may be EXPEDITED by sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to our physical address: DSHS - VSS MC 2096, 1100 W. 49th St., Austin, TX 78756 and paying the below expedited processing fee.			
☐ Expedited Processing (estimated 20-25 business days)			\$5.00
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.			
☐ Overnight Return Mail (for shipping within USA)			\$16.00
☐ USPS Express Return Mail (for shipping to PO Box ONLY)			\$22.95
Total Due:			\$

Make check or money order payable to **DSHS - Vital Statistics - ZZ712**.

Mail completed form, payment and valid ID to: **DSHS - VSS, P.O. Box 12040, Austin, TX 78711-2040**. Regular orders are processed and mailed 6 - 8 weeks after receipt of the request.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English (<http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.