



VITAL STATISTICS
HEALTH, SOCIAL, EDUCATION & GENETIC HISTORY REPORT
 (Please add information not listed on the original report)

ORIGINAL BIRTH INFORMATION						
NAME OF CHILD (AT BIRTH) FIRST MIDDLE LAST			DATE OF BIRTH (mm/dd/yyyy)		SEX	
NAME OF HOSPITAL (OR SPECIFY IF HOME BIRTH)		CITY	COUNTY OR REGION		STATE OR PROVINCE	COUNTRY
NEW NAME OF CHILD AFTER ADOPTION FIRST MIDDLE LAST			SUFFIX I			
BIOLOGICAL MOTHER						
BIRTH MOTHER FIRST MIDDLE LAST (MAIDEN)			LAST (MARRIED)			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RACE	SSN (IF KNOWN)		DATE OF BIRTH (mm/dd/yyyy)	
LAST PLACE OF RESIDENCE CITY COUNTY STATE ZIP COUNTRY						
BIOLOGICAL FATHER						
BIRTH FATHER FIRST MIDDLE LAST			DATE OF BIRTH (mm/dd/yyyy)			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RACE	SSN (IF KNOWN)			
LAST PLACE OF RESIDENCE CITY COUNTY STATE ZIP COUNTRY						
ADOPTIVE PARENT						
ADOPTIVE PARENT FIRST MIDDLE LAST (MAIDEN)			DATE OF BIRTH (mm/dd/yyyy)			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RELATIONSHIP: <input type="checkbox"/> STEP-PARENT <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NON-RELATIVE <input type="checkbox"/> BIOLOGICAL MOTHER	RACE	SSN (IF KNOWN)		
ADDRESS CITY COUNTY STATE ZIP COUNTRY						
ADOPTIVE PARENT						
ADOPTIVE PARENT FIRST MIDDLE LAST			DATE OF BIRTH (mm/dd/yyyy)			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RELATIONSHIP: <input type="checkbox"/> STEP-PARENT <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NON-RELATIVE <input type="checkbox"/> BIOLOGICAL FATHER	RACE	SSN (IF KNOWN)		
ADDRESS CITY COUNTY STATE ZIP COUNTRY						
CHILD PLACING AGENCY						
NAME						
ADDRESS CITY COUNTY STATE ZIP COUNTRY						
COURT IDENTITY OF ADOPTION						
STATE		COUNTY	COURT			
CAUSE #			APPROXIMATE CONSUMMATION DATE			

MAIL COMPLETED DOCUMENTS TO:
 VS-CAR (MC 1966)
 POB 149347
 Austin TX 78714-9347
 Questions: 512/776-7388