

**STATE OF TEXAS**  
**CERTIFICATE OF ADOPTION**  
**THIS IS A PERMANENT RECORD – PLEASE TYPE OR PRINT ONLY**

**SECTION 1 PLEASE FURNISH THE BIRTH CERTIFICATE INFORMATION CURRENTLY ON FILE IN THE VITAL STATISTICS OFFICE. THIS INFORMATION IS NECESSARY TO LOCATE THE BIRTH CERTIFICATE**

ORIGINAL BIRTH INFORMATION	1. NAME OF CHILD (BEFORE THIS ADOPTION) FIRST MIDDLE LAST			2. DATE OF BIRTH (mm/dd/yyyy)		3. SEX
	4. TIME OF BIRTH	5. NAME OF HOSPITAL		6. CITY	7. COUNTY	8. STATE OR FOREIGN COUNTRY
	9. NATURAL MOTHER FIRST MIDDLE MAIDEN			10. NATURAL FATHER FIRST MIDDLE LAST		

**SECTION 2 PLEASE ENTER THE INFORMATION AS IT IS TO APPEAR ON THE NEW BIRTH RECORD. All information below MUST be provided or a new birth certificate cannot be completed. Single-Parent Adoption – Complete Only The Appropriate Information Regarding The Adopting Parent**

11. Is This a Step-Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Is This a Single Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do You Want The Birth Record Changed Based on the Adoption Decree? <input type="checkbox"/> Yes <input type="checkbox"/> No
MOTHER <input type="checkbox"/> Adoptive  <input type="checkbox"/> Natural	14. NAME OF MOTHER FIRST MIDDLE CURRENT LAST NAME MAIDEN LAST NAME	15. DATE OF BIRTH
	16. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	17. MOTHER'S SOCIAL SECURITY NUMBER (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)
FATHER <input type="checkbox"/> Adoptive  <input type="checkbox"/> Natural	18. NAME OF FATHER FIRST MIDDLE LAST	19. DATE OF BIRTH
	20. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)	21. FATHER'S SOCIAL SECURITY NUMBER (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)
PARENT(S) ADDRESS AT THE TIME OF CHILD'S BIRTH	22. STREET ADDRESS CITY COUNTY STATE ZIP	23. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT(S) CURRENT ADDRESS	24. STREET ADDRESS CITY STATE ZIP	25. PARENT(S) TELEPHONE NUMBER:
26. PARENT(S) EMAIL ADDRESS	27. SIGNATURE OF PARENT(S)	
MAIL BIRTH CERTIFICATE TO: <input type="checkbox"/> Attorney <input type="checkbox"/> Parent(s) <input type="checkbox"/> Clerk's Office	28. MAILING ADDRESS CITY STATE ZIP	

**SECTION 3 PLEASE PROVIDE THE INFORMATION BELOW FOR THE CENTRAL ADOPTION REGISTRY**

CENTRAL ADOPTION REGISTRY INFORMATION	29. NATURAL MOTHER FIRST MIDDLE LAST (MAIDEN)	30. SSN
	31. NATURAL MOTHER'S DATE OF BIRTH	32. NATURAL MOTHER'S PLACE OF BIRTH
	33. NATURAL FATHER FIRST MIDDLE LAST	34. SSN
	35. NATURAL FATHER'S DATE OF BIRTH	36. NATURAL FATHER'S PLACE OF BIRTH
ATTORNEY	37. NAME OF ATTORNEY OF RECORD	38. ATTORNEY'S EMAIL ADDRESS
	39. MAILING ADDRESS OF ATTORNEY	40. TELEPHONE NUMBER
PLACING AGENCY OR MANAGING CONSERVATOR	41. NAME OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR	
	42. MAILING ADDRESS OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR	43. TELEPHONE NUMBER

**SECTION 4 CERTIFICATION OF THE COURT Please complete the child's name as set forth in the Decree of Adoption**

44. NAME OF THE CHILD AS SET FORTH IN THE ADOPTION DECREE:

FIRST	MIDDLE	LAST

45. I HEARBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN THE DECREE OF ADOPTION WHICH WAS GRANTED ON \_\_\_\_\_ DAY OF \_\_\_\_\_ IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, TEXAS IN CAUSE # \_\_\_\_\_.

\_\_\_\_\_  
DISTRICT CLERK'S SIGNATURE

