Texas Department of State Health Services

Amending a Birth Certificate based on Adoption

Who Can Apply for a Correction?

- The person named on the birth certificate, if at least 18 years of age.
- Adoptive Parent(s) of the person named on the birth certificate.
- Attorney representing the adoptive parent(s) of the person named on the birth certificate.
- District clerks (district clerks do not need to complete sections 6 and 7).

How Do I Make a Correction? □ Complete all sections and sign the Certificate of Adoption. See pages 3 and 4. □ Section 5 on page 3 MUST be completed and certified by the clerk of the court. □ The applicant must ATTACH A COPY OF THEIR VALID PHOTO ID. If the District clerk is submitting the application, the clerk needs to provide as a form of ID a cover letter on office letterhead referencing the adoptee(s). □ The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted. □ Submit a certified copy (with original certification) of the final decree of adoption if section 5 is not

For Frequently Asked Questions, go to: https://www.dshs.texas.gov/vs/fag/#adopt

Where Do I Mail the Application?

complete or certified.

Regular Mailing Instructions - Estimated processing time is 6-8 weeks.

See https://www.dshs.texas.gov/vs/processing/ for current times.

☐ Submit the appropriate fees. See fee schedule below.

Please submit your application, supporting documents (if required) and fees to:

DSHS - Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.

Expedited Service Mailing Instructions - *Estimated processing time is 20-25 business days.*

The order and \$5.00 processing fee must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS**.

Please submit your application, supporting documents (if required) and fees to:

DSHS-Vital Statistics Section, MC 2096, 1100 W. 49th Street, Austin, TX 78756.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

ees: How much must I submit?				
Fee Schedule	Fee (\$)	Qty (#)		Total (\$
Filing Fees:				
Correction to Birth Certificate based on adoption	\$25.00		=	\$25.00
Birth Certificate(s):		M. Carlette		
Certified Corrected Birth Certificate (\$22.00 per copy)	\$22.00	X	=	
Central Adoption Registry Fee:				a all que
Control Adoption Designary For (and detailed and designary)	#1F 00			#1F 00
Central Adoption Registry Fee (per adoption decree granted in Texas) For urgent requests, orders may be EXPEDITED by paying the below expenses.				ND .
For urgent requests, orders may be EXPEDITED by paying the below expending the order through an overnight mail service, such as: FEDEX, Lo	edited proce		e Al	ND .
For urgent requests, orders may be EXPEDITED by paying the below expending the order through an overnight mail service, such as: FEDEX, Los Statistics Section, MC 2096, 1100 W. 49 th Street, Austin, TX 78756.	edited proce neStar, or U \$5.00	PS to: DS	e Al SHS	-Vital
For urgent requests, orders may be EXPEDITED by paying the below expending the order through an overnight mail service, such as: FEDEX, Los Statistics Section, MC 2096, 1100 W. 49 th Street, Austin, TX 78756. Expedited processing Fee All orders are returned free of charge by USPS regular mail. For expedite	edited proce neStar, or U \$5.00	PS to: DS	e Al SHS	ND -Vital
For urgent requests, orders may be EXPEDITED by paying the below expending the order through an overnight mail service, such as: FEDEX, Los Statistics Section, MC 2096, 1100 W. 49th Street, Austin, TX 78756. Expedited processing Fee All orders are returned free of charge by USPS regular mail. For expedite one of the overnight return shipping methods below.	edited proce neStar, or U \$5.00 ed return ma	PS to: DS	e Al SHS = e, se	ND -Vital

Fees may be combined in one check or money order made payable to DSHS - Vital Statistics

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

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INSTRUCTIONS:

Once the application is approved, a new birth record will be filed with the adoption information.

Section 1: Birth Certificate Information

- The information completed in this section should show the child's information prior to this adoption. This is required to locate the birth certificate our office will be amending.
- The child's name, date of birth, sex, and place of birth are required.
- Parents' names are required for Texas-born adoptions; parents' names are not required for foreign-born adoptions.

Section 2: Information for New Birth Certificate

- This section **must** show the adoptive parents information. Do not list married name as maiden name.
- If this is a step-parent adoption, the biological parent's information should also be included in this section. A step-parent adoption is NOT a single parent adoption.
- All items in this section are required. Incomplete applications will not be processed.

Section 3: Parent's Signature

• An adoptive parent's signature is required. Incomplete applications will not be processed.

Section 4: Attorney/Placing Agency Information

- Include the name, address and telephone number of the attorney of record.
- If applicable, include the child placing agency or managing conservator.

Section 5: Certification of the Court

- This section must be completed by the clerk of the court granting the adoption, including the new name of the child.
- If this section **is not certified** by the clerk of the court granting the adoption, then the applicant may complete this section and **must** submit a **certified copy (with the original certification)** of the final decree of adoption. The adoption decree must properly identify the birth record to be amended including the child's original name, date of birth and adoptive name. For foreign-born adoptions, the adoption decree must also include the country of birth.

Please note: **All documents, both certified and photocopied, submitted will be retained by our office and placed in a sealed file.** A court order is required to unseal a file. Parents should keep copies of certified documents for their records and future use before sending them.

Section 6: What is Your Name? (Applicant's Information)

- This section **must be completed** with the applicant's contact information and relationship to the person named on the birth certificate. <u>District clerks do not need to complete this section.</u>
- This section must include to whom our office will mail the newly filed birth certificate.
- A copy of the applicant's valid photo ID **must** be included with the application.

Section 7: Would the applicant like to order a certified copy of the new birth record?

- The information completed in this section is used by our office to determine if a certified copy of the newly filed birth certificate reflecting the adoptive information is being ordered and the number of certified copies being ordered. <u>District clerks do not need to complete this section.</u>
- If a birth certificate **is not** ordered, this section does **not** need to be signed in the presence of a notary public, county clerk, or other person authorized to administer oaths.
- If a birth certificate **is** ordered, this section **must be signed** by the applicant in section 6: one of the adoptive parents, the adult adoptee, or attorney in the presence of a notary public, county clerk, or other person authorized to administer oaths. The application **must include** a photocopy of the valid photo ID for the person signing.
- The notary public's signature, seal or stamp, and commission expiration date **must** be shown in this section.

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Texas Department of State Health Services

IMPORTANT: Photocopies, alterations, strike-through, or write overs in Section 1 through 7 will not be accepted. Please use a new application if you make a mistake. Copies of E-filed Certificates of Adoption will be accepted.

Certificate of Adoption

Section 1: Bi	rth Cer	tificate Info	rmation							
Enter inform			on the c	urrent b	irth certi	ificate	(before th	is adopt	ion).	
Birth Certificate N	umber, if kn	own: 142 -								
Child's First Name: Middle Name:			Last Name:		Da	te of Birth (MM/D	D/YYYY):	Sex:		
Time of Birth: Name of Hospital/Facili			cility:		City:	County:			or Foreign Country:	
Full Maiden Name	(First, Midd	le, Last) of Parent	1:	Full Maiden	Name (First,	Middle, l	_ast) of Parent 2:			
ection 2: Ir	format	ion for New	Birth Ce	rtificate						
All informati	on belo	w MUST be	provided	or a ne	w birth c	ertific	cate cannot	t be com	pleted.	
Is this a Single Pa	rent Adoptio	n? Yes	No							
Parent 1	Title to Appe	ear on Birth Record	(check one)	: Mother	Father	Parent				
Adoptive	First Name:			t Last Na	t Name: Maiden		en Last Name(s) before marriage			
Biological	Date of Birth (MM/DD/YYYY):		L			Place of	f Birth or Foreign Counti	<u> </u>		
Parent 2	Title to Appe	ear on Birth Record	(check one)	: Mother	Father	Parent				
Adoptive	First Name:		Middle Nan	ne:	Curren	nt Last Na	ime:	Maiden Last I	Name(s) before marriage:	
Biological	Date of Birth	n (MM/DD/YYYY):				Place o	f Birth or Foreign Counti	ry):		
Parent(s) Addre at the time of child's birth:	ss Street	t Address	City	Со	unty	State	Zip		Inside City Limits: Yes No	
Parent(s) Current Address:	nt Street	t Address	City	Со	unty	State	Zip			
Parent(s) Email Ad	ddress:					Parent	(s) Phone No.:	-		
Section 3: Pa	arent's	Signature		(64)				12 524		
Parent's Signa	ture (REC	QUIRED):								
Section 4: A	ttorney	/Placing Age	ency Info	ormation	1					
Attorney's	Name of Attorney of Record:					Attorney's En	nail Address:			
Information:	Mailing Ad	dress (Street addre	ess, City, Stat	te, Zip):				Phone No.:	-	
Placing Agency or	Name of C	hild Placing Agency	or Managing	Conservator	r:					
Managing Conservator:	Mailing Address (Street address, City, State, Zip):						Phone No.:	-		
		ion of the C								
		child's nan			the Dec	ree of	Adoption.			
First	ild as set f	orth in the Adopt	Middle			La	st			
I hereby certify	that the a	bove information	is correct a	as stated in	the Decree	of Adop	tion which was	granted on		
day of			ir	the		Cou	rt of	(County, Texas in	
Cause #		•								
							į.	[Stamp or	Seal]	
	Dist	rict Clerk's Signa	ature							

WARNING: The Penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code, Chapter 195).

Section 6: What is Your Name? (Applicant's Ir	nforma	tion)						
Name (First, Middle, Last):								
Address (Mailing Address, City, State, Zip):								
Email Address:	To	elephone # (8an	n-5pm): ()	-			
Your relationship to Person named on the birth certificate: >>>>> A COPY OF THE APPLICANT'S V	Adoptive F	arent Self Solf	Attorney rep	resenting	Adoptive Parent(s)			
Section 7: Would the applicant like to order a	certifie	d copy of th	ne new birt	h recor	d?			
Check one:								
No, I would not like a certified copy of the new b	oirth rec	ord.						
Yes, I would like a certified copy of the new birth record. Number ordered:								
If Yes, verify the fees and quantity ordered in Section 6. Sign below in the presence of a not ID. Applications without acceptable valid ID attached VOID your application. WARNING: The Penalty for knowingly making a falsand a fine of up to \$10,000. (Texas Health and Safe	ary pul ed will i se state ety Code	blic and ATT not be proces ement in this e, Chapter 19	form can be	y of you outs or 2-10 ye	ur valid Photo white-outs will ears in prison			
Adoptive Parent, Adult Adoptee, or Attorney >>>>	ATTACH	A COPY OF YO	OUR VALID PH	OTO ID	<<<<			
Printed Name:		Signature:						
Address:	City:		State:		Zip:			
Notary Public, County Clerk, or other person authorized to administer oaths								
Sworn to and subscribed before me, this day of		20						
Signature:								
			1	Stamp or	Seal]			
Printed name and title:								

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