

SECTION 1 ORIGINAL BIRTH INFO	1. NAME OF CHILD (BEFORE 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	
SECTION 2 ADOPTION INFORMATION (COMPLETE EVEN IF ONE OF PARENTS IS NATURAL PARENT)	9. NEW NAME OF CHILD AFTER ADOPTION FIRST MIDDLE LAST			SUFFIX				
	10. NAME OF ADOPTIVE FATHER FIRST MIDDLE LAST			SUFFIX		11. DATE OF BIRTH (mm/dd/yyyy)		
	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		13. RACE		14. HISPANIC ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		14b. IF YES, SPECIFY	
	15. RELATIONSHIP: <input type="checkbox"/> STEP PARENT <input type="checkbox"/> OTHER <input type="checkbox"/> NON-RELATIVE RELATIVE			17. DATE OF BIRTH (mm/dd/yyyy)				
	16. NAME OF ADOPTIVE MOTHER FIRST MIDDLE LAST (MAIDEN)			17. DATE OF BIRTH (mm/dd/yyyy)				
	18. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		19. RACE		20a. HISPANIC ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		20b. IF YES, SPECIFY	
	21. RELATIONSHIP: <input type="checkbox"/> STEP PARENT <input type="checkbox"/> OTHER <input type="checkbox"/> NON-RELATIVE RELATIVE			22. MAILING ADDRESS OF MOTHER AT TIME OF BIRTH - STREET # AND NAME CITY COUNTY STATE ZIP				
	23a. DO YOU WANT A NEW BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. SIGNATURE OF PARENT			25a. FATHER'S SSN		
23b. IF YES, DO YOU WANT NAME OF HOSPITAL SHOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. CURRENT MAILING ADDRESS - STREET # AND NAME CITY COUNTY STATE ZIP			25b. MOTHER'S SSN			
SECTION 3 NAME AND ADDRESS OF ANY PERSON WHOSE CONSENT WAS REQUIRED OR WAIVED UNDER CHAPTER 159, FAMILY CODE	27. NATURAL MOTHER FIRST MIDDLE LAST (MAIDEN)			28. SSN				
	29. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP							
	30. NATURAL FATHER FIRST MIDDLE LAST			31. SSN				
	32. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP							
	33. GUARDIAN'S NAME FIRST MIDDLE LAST			34. SSN				
	35. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP							
	36. MANAGING CONSERVATOR'S NAME FIRST MIDDLE LAST			37. SSN				
	38. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP							
ATTORNEY	42. NAME OF ATTORNEY							
	43. MAILING ADDRESS OF ATTORNEY			44. TELEPHONE NUMBER ()				
	45. NAME OF CHILD PLACING AGENCY			46. LICENSE NUMBER				
AGENCY	47. MAILING ADDRESS OF AGENCY			48. TELEPHONE NUMBER ()				
	49. NAME OF ADOPTION REGISTRY							
REGISTRY	50. MAILING ADDRESS OF REGISTRY			51. TELEPHONE NUMBER ()				
	SECTION 4 CERTIFICATION OF COURT							
52. I HEREBY CERTIFY THAT THE ADOPTION WAS GRANTED ON _____ DAY OF _____ IN THE _____ COURT OF _____ COUNTY, TEXAS IN CAUSE # _____ _____ DISTRICT CLERK'S SIGNATURE								

BVS USE ONLY

BIRTH CERTIFICATE NUMBER _____

SEALED FILE NUMBER _____

FEES:

CAR FUND	(\$15.00)	_____
BIRTH RECORD FILING FEE	(\$25.00)	_____
CERTIFIED COPY	(\$11.00)	_____

AMT ENCLOSED

TOTAL ENCLOSED



These instructions are designed to assist you in the proper completion of the Certificate of Adoption. Should you have any questions, please contact our office at (512) 458-7111 for assistance.

The Bureau of Vital Statistics is now collecting the CAR funds (Central Adoption Registry), as required by Chapter §108.006 of the Family Code. These fees are to be submitted along with the additional filing fees and certified copy fees collected by the Bureau.

SECTION 1

The information in this section relates to the child's information **at birth**. Enter the name of the child prior to adoption in item 1. This information must be supplied to enable us to locate the adoptee's original certificate of birth.

SECTION 2

Item 9 must show the full name of the child as it should be **after** adoption. Items 10-26 relate to personal information of the adoptive parents. The responses in these items should be the information as of the date of the adoptees birth (item 2). This information will be transferred to the **NEW** certificate of birth for the adopted child.

If this is a step-parent adoption, the information concerning the natural parent **MUST** also be furnished.

If a **NEW** certificate is to be prepared, mark "YES" in item 23a. If the name of the hospital is to be shown on the new certificate, mark "YES" in item 23b.

The signature of either the adoptive mother or adoptive father must appear in item 24 verifying the information in Section 2.

SECTION 3

Complete items 27 through 41 for any person whose consent was required or waived under Chapter 159, Texas Family Code. This information is required for inclusion in the Central Adoption Registry. All applicable blocks must be completed. If any or all of the information in items 33 through 41 is not applicable, leave the item(s) blank.

If more than one father is identified and consents to the adoption, list the additional "father" information in an alternate section. Use the "Guardian's Name" or "Other Person" fields if not needed otherwise. Mark through the printed title in the item, write "father", and complete the blanks as required.

Enter the name, mailing address and telephone number of the attorney of record in items 42-44.

Enter the information relating to the child placing agency in items 45-48, if applicable.

In items 49-51, enter the information relating to the adoption registry maintaining the information on this adoption, if applicable.

SECTION 4

This section **MUST** be completed by the clerk of the court granting the adoption. If Section 4 is not completed by the clerk of the court granting the adoption, a **CERTIFIED COPY** of the final decree of adoption **MUST** be attached to the certificate of adoption form.

**MAIL THE PROPERLY COMPLETED CERTIFICATE OF ADOPTION WITH THE
APPROPRIATE FEES TO:

**BUREAU OF VITAL STATISTICS
TEXAS DEPARTMENT OF HEALTH
PO BOX 12040
AUSTIN TX 78711-2040**

****EXPLANATION OF FEES:**

A **\$15.00** CAR (Central Adoption Registry) FUND FEE IS REQUIRED ON ALL ADOPTIONS GRANTED.

IF THE CHILD WAS **BORN IN TEXAS** AND A NEW BIRTH CERTIFICATE BASED UPON ADOPTION MUST BE FILED, A FEE OF **\$25.00** IS REQUIRED.

TO RECEIVE A CERTIFIED COPY OF THE NEW BIRTH RECORD, PLEASE INCLUDE A FEE OF **\$11.00**.

THE **TOTAL FEE OF \$51.00** MAY BE SUBMITTED WITH **ONE CHECK**.

FOR A CHILD WHO WAS NOT BORN IN TEXAS, ONLY THE \$15.00 CAR FUND IS REQUIRED.