# 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 complete or certified**.
- $\square$  Submit the appropriate fees. See fee schedule below.

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

Where Do I Mail the Application?

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

See <a href="https://www.dshs.texas.gov/vs/processing/">https://www.dshs.texas.gov/vs/processing/</a> for current times.

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.

Fees: How much must I submit?									
Fe	e Schedule	Fee (\$)	Qty (#)		Total (\$)				
Filing Fees:									
0	Correction to Birth Certificate based on adoption	\$25.00		=	\$25.00				
Birth Certificate(s):									
0	Certified Corrected Birth Certificate (\$22.00 per copy)	\$22.00	X	=					
Central Adoption Registry Fee:									
0	Central Adoption Registry Fee (per adoption decree granted in Texas)	\$15.00		=	\$15.00				
For urgent requests, orders may be <b>EXPEDITED</b> by paying the below expedited processing fee AND sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to: DSHS-Vital Statistics Section, MC 2096, 1100 W. 49 <sup>th</sup> Street, Austin, TX 78756.									
0	Expedited processing Fee	\$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.									
	Expedite Oversight Mail (abinains within LCA)	\$12.50		=					
0	Expedite Overnight Mail (shipping within USA)	\$12.50		_					
0	USPS Express Overnight Mail (shipping overnight to PO Box ONLY)	\$22.95		=					

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. <u>Do not list married name as maiden name.</u>
- 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**

THIS IS A PERMANENT RECORD. Type or Print (blue or black ink ONLY). Remittance No. **Section 1: Birth Certificate Information** Enter information as it appears on the current birth certificate (before this adoption). Birth Certificate Number, if known: 142 -Child's First Name: Middle Name: Last Name: Date of Birth (MM/DD/YYYY): Time of Birth: Name of Hospital/Facility: City: County: State or Foreign Country: Full Maiden Name (First, Middle, Last) of Parent 1: Full Maiden Name (First, Middle, Last) of Parent 2: Section 2: Information for New Birth Certificate All information below MUST be provided or a new birth certificate cannot be completed. Is this a Single Parent Adoption?  $\square$  Yes ☐ No Parent 1 Title to Appear on Birth Record (check **one**): ☐ Mother ☐ Father ☐ Parent Middle Name: First Name: Current Last Name: Maiden Last Name(s) before marriage: ☐ Adoptive □ Biological Date of Birth (MM/DD/YYYY): Place of Birth (State or Foreign Country): Parent 2 Title to Appear on Birth Record (check **one**): ☐ Mother ☐ Father ☐ Parent First Name: Middle Name: Maiden Last Name(s) before marriage: Current Last Name: ☐ Adoptive ☐ Biological Date of Birth (MM/DD/YYYY): Place of Birth (State or Foreign Country): Parent(s) Address Street Address City County State Zip Inside City Limits: at the time of ☐ Yes ☐ No child's birth: Street Address City County State Zip Parent(s) Current Address: Parent(s) Email Address: Parent(s) Phone No.: Section 3: Parent's Signature Parent's Signature (REQUIRED): Section 4: Attorney/Placing Agency Information Name of Attorney of Record: Attorney's Email Address: Attorney's Mailing Address (Street address, City, State, Zip): Phone No.: Information: **Placing** Name of Child Placing Agency or Managing Conservator: Agency or Managing Mailing Address (Street address, City, State, Zip): Phone No.: Conservator: Section 5: Certification of the Court Please complete the child's name as set forth in the Decree of Adoption. Name of the child as set forth in the Adoption Decree: Last First I hereby 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 # [Stamp or Seal] District Clerk's Signature

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	Informati	ion)		
Name (First, Middle, Last):				
Address (Mailing Address, City, State, Zip):				
Email Address:	Tel	lephone # (8am-5pm): <b>(</b>	)	_
Your relationship to Person named on the birth certificate:  >>>>> A COPY OF THE APPLICANT'S				
Section 7: Would the applicant like to order	a certified	d copy of the new l	oirth record	1?
Check one:				
$\hfill\square$ No, I would not like a certified copy of the new	birth reco	ord.		
$\square$ Yes, I would like a certified copy of the new bir	th record.	Number ordered	1:	-
Section 6. Sign below in the presence of a not ID. Applications without acceptable valid ID attact VOID your application.  WARNING: The Penalty for knowingly making a far and a fine of up to \$10,000. (Texas Health and Sa	ched will no alse staten afety Code,	ot be processed. Cro ment in this form can , Chapter 195).	be 2-10 year	white-outs will
Adoptive Parent, Adult Adoptee, or Attorney >>>>  Printed Name:		A COPY OF YOUR VALID	) PHOIO ID<	<<<<
Printed Name:		Signature:		
Address:	City:	State:		Zip:
Notary Public, County Clerk, or other person authorize	d to admini	ster oaths		
Sworn to and subscribed before me, this day of	2	20		
Signature:				
			[Stamp or S	Seal]
Printed name and title:				

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