STATE OF TEXAS

CERTIFICATE OF ADOPTION

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. (Health & Safety Code, §195,003, 1989)

SECTION 1 — ORIGINAL BIRTH INFORMATION

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 | 8. STATE OR FOREIGN COUNTRY

9. NATURAL MOTHER FIRST MIDDLE LAST (MAIDEN) | 10. NATURAL FATHER FIRST MIDDLE LAST

SECTION 2 — ADOPTION INFORMATION COMPLETE THIS SECTION AS IT SHOULD APPEAR ON THE "NEW" BIRTH RECORD

11. NEW NAME OF CHILD AFTER ADOPTION FIRST MIDDLE LAST SUFFIX I

12. IS THIS A SINGLE PARENT ADOPTION? ☐ YES ☐ NO

13a. DO YOU WANT A NEW BIRTH CERTIFICATE? ☐ YES ☐ NO

13b. IF YES, DO YOU WANTTHE NAME OF HOSPITAL SHOWN? ☐ YES ☐ NO

14. NAME OF ADOPTIVE FATHER FIRST MIDDLE LAST SUFFIX | 15. DATE OF BIRTH (mm/dd/yyyy)

16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 17. RACE | 18a. HISPANIC ORIGIN? ☐ YES ☐ NO | 18b. IF YES, SPECIFY | 19. RELATIONSHIP: ☐ STEP-PARENT ☐ OTHER RELATIVE ☐ NON-RELATIVE ☐ NATURAL FATHER

20. NAME OF ADOPTIVE MOTHER FIRST MIDDLE MAIDEN | 21. DATE OF BIRTH (mm/dd/yyyy)

22. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 23. RACE | 24a. HISPANIC ORIGIN? ☐ YES ☐ NO | 24b. IF YES, SPECIFY | 25. RELATIONSHIP: ☐ STEP-PARENT ☐ OTHER RELATIVE ☐ NON-RELATIVE ☐ NATURAL MOTHER

26a. MAILING ADDRESS OF ADOPTIVE MOTHER AT TIME OF BIRTH - STREET # AND NAME CITY COUNTY STATE ZIP | 26b. INSIDE CITY LIMITS ☐ YES ☐ NO

27. SIGNATURE OF EITHER ADOPTIVE PARENT | 28a. ADOPTIVE FATHER'S SSN 28b. | 28b. ADOPTIVE MOTHER'S SSN

29. ADOPTIVE PARENTS CURRENT MAILING ADDRESS STREET # AND NAME CITY STATE ZIP | 30. ADOPTIVE PARENTS TELEPHONE NO.

SECTION 3 — NAME AND ADDRESS OF ANY PERSON WHOSE CONSENT WAS REQUIRED OR WAIVED UNDER CHAPTER 162, FAMILY CODE

31. NATURAL MOTHER FIRST MIDDLE LAST (MAIDEN) | 32. SSN

33. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP

34. NATURAL FATHER FIRST MIDDLE LAST | 35. SSN

36. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP

37. GUARDIAN'S NAME FIRST MIDDLE LAST | 38. SSN

39. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP

40. MANAGING CONSERVATOR'S NAME FIRST MIDDLE LAST | 41. SSN

42. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP

43. OTHER PERSON FIRST MIDDLE LAST | 144. SSN

45. MAILING ADDRESS STREET # AND NAME CITY STATE ZIP

ATTORNEY

46. NAME OF ATTORNEY OF RECORD

47. MAILING ADDRESS OF ATTORNEY | 48. TELEPHONE NUMBER

AGENCY

49. NAME OF CHILD PLACING AGENCY (IF APPLICABLE) | 50. LICENSE NUMBER

51. MAILING ADDRESS OF AGENCY (IF APPLICABLE) | 52. TELEPHONE NUMBER

REGISTRY

53. NAME OF ADOPTION REGISTRY

54. MAILING ADDRESS OF REGISTRY | 55. TELEPHONE NUMBER

SECTION 4 — CERTIFICATION OF COURT

56. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN DECREE WHICH WAS GRANTED

ON _____ DAY OF _____, _____

IN THE _____ COURT OF _____ COUNTY, TEXAS IN CAUSE # _____

_____
DISTRICT CLERK'S SIGNATURE

VS-160 REV 12/2005