

Texas Voluntary Adoption Registry - INTERNET CHILD-PLACING AGENCY

Part I: REGISTRANT INFORMATION (all applicants complete this section) PLEASE PRINT

Name - First		Middle	Last	Maiden Name	Suffix
OTHER NAMES USED (including married, aliases, nicknames)				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date	Age	Social Security Number (optional)	E-mail address (optional)		
Mailing Address for registry correspondence			City	State	Zip
Telephone (include area code)		Birth City	Birth County	Birth State/Country	
I am: (check all that apply) <input type="checkbox"/> Adoptee <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Sibling I am looking for my (check all that apply): <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Child					

Part II: INFORMATION TO BE COMPLETED BY ADOPTEE (complete as many items as possible)

How old were you when you were placed in your adoptive home?		County of Adoption	Date of adoption or approximate year
Adoptive Mother's name	Date of Birth	Her religious affiliation	What city and/or county were your adoptive parents living in when you were placed with them?
Adoptive Father's name	Date of Birth	His religious affiliation	
Was child welfare or child protective services involved in the adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, where was the child living when removed from parent's care (city and/or county)?		Year of removal
Name of Birth Mother (including aliases) <input type="checkbox"/> Unknown	Her date of birth and age at time of your birth		Delivering Doctor's Name
Name of Birth Father <input type="checkbox"/> Unknown	His date of birth and his age at time of your birth	Are you aware of any siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Part IV. <input type="checkbox"/> Unknown	

Part III: INFORMATION TO BE COMPLETED BY BIRTH PARENT (complete as much as possible)

If you are looking for more than one child, please complete a separate application for each child.

Birth name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown		Adoptive name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown	
Date of birth of child (If unknown, give year and approximate time of year)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Hospital or maternity home		City and/or County of birth & State	Delivering Doctor's Name
Did the birth mother use an alias at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, state name used.		Birth mother's religious affiliation
Birth mother's full name (Include maiden name and all married names)		Date of birth and age at child's birth	City/State of birth
Birth father's name and last known address		Date of birth and age at child's birth	City/State of birth
Was the birth mother married at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, please provide husband's name	
Was child welfare or protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, where was the child living when removed from the parent's care (city and/or county)?		Year of removal

Other birth children you are not searching for:

Name of child (and any aliases or nicknames)	Maiden Name	Date of Birth	Place of Birth City/State	Name of Other Parent and Date of Birth

Part IV: INFORMATION TO BE COMPLETED BY SIBLINGS (complete as much as possible)

If you are looking for more than one child, please complete a separate application for each child.

Is the sibling you are looking a: <input type="checkbox"/> full-sibling OR <input type="checkbox"/> half-sibling		If half-sibling, are you related by: <input type="checkbox"/> mother <input type="checkbox"/> father		What order in the biological mother's family is this child? (example, first of five)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Adoptive name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown				Birth name of child <input type="checkbox"/> Unknown			
Date of birth of child		City of birth		County of birth		Hospital	
Birth mother's name, include (maiden name) and all married names.			Her date of birth and age at time of child's birth		Her city/state of birth		Her religious affiliation
Was an alias used by the birth mother at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, state name used				
Birth father's name		Birth father's date of birth and age		His city/state of birth			
Was the birth mother married at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, please provide her husband's name, his date of birth.			
Were child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, where was the child living when removed from care (city and/or county) and with whom?				
If you are a sibling, please provide your birth mother's full name including maiden and all married names. <input type="checkbox"/> Unknown					Your birth father's full name <input type="checkbox"/> Unknown		
If you are adopted, your adopted or legal mother's full name, including maiden, and date of birth.				Your birth father's full name <input type="checkbox"/> Unknown			
Why do you believe you have biological sibling(s)?							
Names of birth siblings you are looking for		Maiden Name	Date of Birth	Place of Birth	Half-Sibling or Full-Sibling	Name of Birth Parents	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Mother:	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Father:	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Mother:	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Father:	

Part V: COMMENTS SECTION (story of placement, additional information not listed above) **Use a separate page, if needed.**

Part VI: ALL APPLICANTS COMPLETE THIS SECTION

I am willing to allow my identity to be disclosed to those registrants eligible to learn my identity. yes no

I authorize the administrator of the registry to inspect all vital statistics records, court records, hospital records and agency records including confidential records. yes no

I consent to the disclosure of my identity after my death. yes no

FOR ADOPTEEES ONLY: I want to be informed if registry records indicate that a biological sibling has also registered. yes no

Your application is good for 99 years unless you state a shorter period of time here..... _____

I certify that the information contained in this form is true and correct to the best of my knowledge.

X Signature _____ Date _____