



## PATERNITY REGISTRY INQUIRY REQUEST

**BUDGET-FUND: ZZ712**

Fee Received: \_\_\_\_\_

\_\_\_\_\_ Positive Search

\_\_\_\_\_ Negative Search

Date Mailed/Faxed \_\_\_\_\_

**CHILD:**

NAME OF CHILD FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
BIRTHPLACE CITY	COUNTY	STATE	SEX
PRIOR NAME OF CHILD, IF ANY			
MOTHER'S NAME FIRST	MIDDLE	LAST	MAIDEN
MOTHER'S SOCIAL SECURITY NUMBER	MOTHER'S DRIVER'S LICENSE NUMBER	MOTHER'S DATE OF BIRTH (MM/DD/YYYY)	

**POSSIBLE FATHER(s):**

POSSIBLE FATHER'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
POSSIBLE FATHER'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/DD/YYYY)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
POSSIBLE FATHER'S NAME FIRST	MIDDLE	LAST	DATE OF BIRTH (MM/SDD/YYYY)
SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	

**REPLY TO BE MAILED TO:**

NAME OF PERSON AND/OR AGENCY MAKING INQUIRY	DAYTIME TELEPHONE NUMBER ( )
ADDRESS STREET NUMBER AND NAME CITY STATE ZIP CODE	FAX NUMBER – IF YOU REQUIRE A FAXED RESPONSE (REPLY WILL ALSO BE MAILED)
RELATIONSHIP (CHECK ONE) <input type="checkbox"/> COURT <input type="checkbox"/> MOTHER OF CHILD <input type="checkbox"/> STATE AGENCY _____ <input type="checkbox"/> LICENSED CHILD PLACING AGENCY <input type="checkbox"/> LICENSED ATTORNEY PARTICIPATING IN ADOPTION – STATE BAR NUMBER _____ <input type="checkbox"/> OTHER, SPECIFY _____	

**SIGNATURE OF REQUESTOR** \_\_\_\_\_

**DATE** \_\_\_\_\_

This inquiry request requires a search fee. A copy of a government issued identification is required. If paying by credit card the fee is \$12.25. If paying by check or money order the fee is \$10.00. Make check or money order payable to Texas Department of State Health Services (DSHS) -ZZ712. Mail completed form and fee to the address below. This inquiry may also be faxed to 512-458-7164 and paid with a MasterCard, Visa, American Express or Discover.

If faxed: \_\_\_ M/C \_\_\_ VISA \_\_\_ DISCOVER    ACCT # \_\_\_\_\_    EXP DATE \_\_\_\_\_  
 \_\_\_ American Express

NAME OF CARDHOLDER \_\_\_\_\_

**Mail To:**  
**Paternity Registry**  
**Vital Statistics Unit, MC 1966**  
**P.O. BOX 12040**  
**Austin, Texas 78711-2040**

CARDHOLDER ADDRESS \_\_\_\_\_

3 - DIGIT SECURITY CODE \_\_\_\_\_ (Found on back of card)

CARDHOLDER PHONE NUMBER,  
 INCLUDING AREA CODE \_\_\_\_\_

WARNING: This is a governmental document. Texas penal code, section 37.10, specifies penalties for making false entries or providing false information in this document. VS-134 Rev 10/2009