

**STATE OF TEXAS  
CERTIFICATE OF ADOPTION  
THIS IS A PERMANENT RECORD – PLEASE TYPE OR PRINT ONLY**

**SECTION 1 PLEASE FURNISH THE BIRTH CERTIFICATE INFORMATION CURRENTLY ON FILE IN THE VITAL STATISTICS OFFICE. THIS INFORMATION IS NECESSARY TO LOCATE THE BIRTH CERTIFICATE**

ORIGINAL BIRTH INFORMATION	1. NAME OF CHILD (BEFORE THIS 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 MAIDEN			10. NATURAL FATHER FIRST MIDDLE LAST		

**SECTION 2 PLEASE ENTER THE INFORMATION AS IT IS TO APPEAR ON THE NEW BIRTH RECORD. All information below MUST be provided or a new birth certificate cannot be completed. Single-Parent Adoption – Complete Only The Appropriate Information Regarding The Adopting Parent**

11. Is This a Step-Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. Is This a Single Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Do You Want The Birth Record Changed Based on the Adoption Decree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Adoptive <input type="checkbox"/> Natural	14. NAME OF MOTHER FIRST MIDDLE MAIDEN NAME (BEFORE ANY MARRIAGE)		15. DATE OF BIRTH		16. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)
	17. MOTHER'S SOCIAL SECURITY NUMBER (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)		18. NAME OF FATHER FIRST MIDDLE LAST		19. DATE OF BIRTH
<input type="checkbox"/> Adoptive <input checked="" type="checkbox"/> Natural	20. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)		21. FATHER'S SOCIAL SECURITY NUMBER (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)		22. STREET ADDRESS CITY COUNTY STATE ZIP
	23. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. STREET ADDRESS CITY STATE ZIP		25. PARENT(S) PHONE NUMBER:
ADDRESS AT THE TIME OF CHILD'S BIRTH		26. PARENT(S) EMAIL ADDRESS:		27. SIGNATURE OF PARENTS:	
PARENT(S) CURRENT ADDRESS		28. MAIL BIRTH CERTIFICATE TO: <input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Parent(s) <input type="checkbox"/> Clerk's Office			

**SECTION 3 PLEASE PROVIDE THE INFORMATION BELOW FOR THE CENTRAL ADOPTION REGISTRY**

CENTRAL ADOPTION REGISTRY INFORMATION	29. NATURAL MOTHER FIRST MIDDLE LAST (MAIDEN)			30. SSN
	31. NATURAL MOTHER'S DATE OF BIRTH		32. NATURAL MOTHER'S PLACE OF BIRTH	
	33. NATURAL FATHER FIRST MIDDLE LAST			34. SSN
	35. NATURAL FATHER'S DATE OF BIRTH		36. NATURAL FATHER'S PLACE OF BIRTH	
ATTORNEY	37. NAME OF ATTORNEY OF RECORD F. Lakhani		38. ATTORNEY'S EMAIL ADDRESS atty@cclaw.biz	
	39. MAILING ADDRESS OF ATTORNEY 5830 McArdle, Suite 15, Corpus Christi, TX 78412		40. TELEPHONE NUMBER 361-993-1313	
PLACING AGENCY OR MANAGING CONSERVATOR	41. NAME OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR			42. TELEPHONE NUMBER
	42. MAILING ADDRESS OF CHILD PLACING AGENCY OR MANAGING CONSERVATOR			43. TELEPHONE NUMBER

**SECTION 4 CERTIFICATION OF THE COURT**  
Please complete the child's name as set forth in the Decree of Adoption

44. NAME OF THE CHILD AS SET FORTH IN THE ADOPTION DECREE:  
FIRST MIDDLE LAST

45. I HEARBY 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 # \_\_\_\_\_

\_\_\_\_\_  
DISTRICT CLERK'S SIGNATURE

