



**ACKNOWLEDGMENT OF PATERNITY
INQUIRY REQUEST FORM**

Budget: ZZ712
Fee Received: _____
___ Positive Search
___ Negative Search
Date Mailed/ Fax: _____

The AOP Registry only includes Acknowledgments of Paternity filed from September 1, 1999 to the present.

Name of Child: _____ Date of Birth: _____

City or County of Birth: _____

Mother's complete name: _____ Date of Birth: _____

Biological Father's name: _____ Date of Birth: _____

Name and address of Person making the Inquiry:

First Middle Last

Address City State Zip Code

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Daytime Telephone Number Fax number

Family Code §160.313 limits access to AOP's to the following individuals/agencies:

Relationship: ___ Mother ___ Father ___ Presumed Father ___ Court Ordered for Attorney

Release: I authorize you to give the copy of the above-identified Acknowledgment of Paternity form to:

SIGNATURE OF REQUESTOR

DATE

This inquiry request requires a search fee. A copy of 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 512-458-7233 and paid with a MasterCard, Visa, Discover, or American Express.

If faxed: ___ M/C ___ VISA ___ DISCOVER ACCT # _____ EXP DATE _____
___ American Express

NAME OF CARDHOLDER _____

CARDHOLDER ADDRESS _____

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

3 - DIGIT SECURITY CODE _____ (Found on back of card)
CARDHOLDER PHONE NUMBER,

INCLUDING AREA CODE _____