

APPLICATION FOR A NEW BIRTH CERTIFICATE BASED ON PARENTAGE

BUDGET ZZ 708-153

This form is used to **ADD, REMOVE, or REPLACE** information regarding the **parents** listed on the original birth certificate according to an establishment of **PARENTAGE** or a **COURT ORDER**.

Child's original birth information: Type or Print in Blue/Black Ink

Full name of child as registered at birth _____ Date of Birth: ____/____/____ Place of Birth: _____, Texas
month day year city
Father's name: _____ Mother's full maiden name: _____

We/I hereby request a new birth certificate be filed as evidenced by:

PLEASE CHECK ONE OF THE FOLLOWING:

- Attached** certified copy of court decree (must send all pages of the court order) **OR**
- A properly completed Acknowledgment of Paternity (form VS-159.1) (**Date form was faxed to Vital Statistics Unit (VSU) or signed before a certified entity:** _____) **OR**
- Attached** certified copy of the parents' marriage license
- A properly completed Rescission of Acknowledgment of Paternity (form VS-158) (**Date Mailed to VSU** _____)

INFORMATION TO BE PLACED ON NEW BIRTH CERTIFICATE:

FULL NEW NAME OF CHILD (may require a court order): _____/_____/_____
First Middle Last

Title To Appear On Birth Record: Mother Father Parent; If Mother, Full Maiden Name _____/_____/_____
First Middle Last
Parent's Name: _____/_____/_____ Date of Birth: ____/____/____ Place of Birth: _____
First Middle Last month day year State or Foreign Country

Title To Appear On Birth Record: Mother Father Parent; If Mother, Full Maiden Name _____/_____/_____
First Middle Last
Parent's Name: _____/_____/_____ Date of Birth: ____/____/____ Place of Birth: _____
First Middle Last month day year State or Foreign Country

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. (Texas Health and Safety Code, Chapter 195).

Signature of PARENT or Legal Guardian swearing to this affidavit

Address city state zip code

(_____) _____
Daytime telephone number

Sworn to and subscribed before me, this _____ day of _____, 20____.

Signature of Notary Public, County Clerk, or other person authorized to administer oaths

Printed name and title

Signature of PARENT or Legal Guardian swearing to this affidavit

Address city state zip code

(_____) _____
Daytime telephone number

Sworn to and subscribed before me, this _____ day of _____, 20____.

Signature of Notary Public, County Clerk, or other person authorized to administer oaths

Printed name and title

SEE REVERSE SIDE FOR INSTRUCTIONS

- The fee for filing a new birth certificate is \$25.00 An additional fee of \$22.00 must be included for a certified copy of the new birth certificate.

Mail this completed and NOTARIZED application with either the attached evidence (certified copy of court order/ marriage license), or filed an Acknowledgment of Paternity, and the required fee to:

TEXAS VITAL STATISTICS
PO BOX 12040
AUSTIN TX 78711-2040



THIS FORM (with an attached court order or marriage license, or a filed Acknowledgment of Paternity in the AOP Registry) MAY BE USED TO:

- **Add a parent's information** to the birth certificate when the parent's information is blank on the original birth certificate. **Evidence needed:** a certified copy of a court order establishing the paternity of the child, OR a filed Acknowledgment of Paternity in the AOP Registry if the biological parents are not married to each other, OR the marriage license of the parents if they are now married to each other,
- **Change the name and information of the parent** listed on a child's birth certificate to the **biological father's** name and information. This requires a certified copy of a court order OR an Acknowledgment of Paternity signed by all three parties (the biological mother, the biological father, and the father presently listed on the birth certificate) and filed in the Acknowledgment of Paternity Registry.
- **Remove the father or mother's information.** This requires a certified copy of a court order. **Please Note:** A Termination of Parental Rights will not remove a biological parent's information from the birth certificate unless the court order specifically states the biological parent's name and information are to be removed.
- **Substitute the Intended Parents' names** on the birth certificate based on a **gestational agreement**. This requires a certified copy of a court order.

SPECIAL INSTRUCTIONS:

- ◆ If a **marriage license** or an **Acknowledgment of Paternity** is being used as evidence, **BOTH** parents must sign the application before a notary public.
- ◆ If a **certified copy of a court order** is being used as evidence to change the birth certificate, only **one** parent is required to sign the application before a notary public.
- ◆ If you are the **father listed** and you are having your name **removed**, a certified copy of a court order is required to make any change to the child's name. You are no longer a qualified applicant to receive a copy of the child's new birth certificate. **Please submit only the \$25.00 filing fee.** You will receive notification when the change is made.
- ◆ A **legal guardian** or the **father listed on the birth certificate** may sign the application before a notary public if a **certified copy of a court order establishing or removing paternity** is presented as evidence with this application.
- ◆ If **one or both parents are deceased**, a court order is required to file a new birth certificate to add the biological father's name and information.
- ◆ If a **birth certificate has previously been changed** based on paternity or a court order, a court order is needed to file a new birth certificate with different information.

NO CHANGES WILL BE MADE TO A BIRTH CERTIFICATE WITHOUT THE FILING FEE

The fee to file a new birth certificate based on paternity, removal of a father or mother's information, or a gestational agreement is **\$25.00**. The additional fee for a certified copy of the new birth record is **\$22.00**. If you have any questions, please call (888) 963-7111.

OFFICE USE ONLY



OFFICE USE ONLY
Remit No
By ZZ 708-153

**MAIL APPLICATION FOR
BIRTH AND DEATH RECORD**

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make check or money orders payable to: DSHS - Vital Statistics. All funds are deposited directly to the Texas Comptroller of Public Accounts. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Standard Size <input type="checkbox"/> Long form <input type="checkbox"/>	\$22			Certified Copy (1 copy)	\$20		
Heirloom Flag <input type="checkbox"/> Bassinet <input type="checkbox"/>	\$60			Additional Copies	\$3		
Total (Check or money order payable to DSHS)				Total (Check or money order payable to DSHS)			

I wish to make a voluntary contribution of \$5.00 to promote healthy early childhood by supporting the Texas Home Visitation Program administered by the Office of Early Childhood Coordination of Health and Human Services.

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)			
Full Name of Person on Record	First Name	Middle Name	Last Name
Date of Birth/Death	Month	Day	Year
Place of Birth/Death	City or Town	County	State
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name

APPLICANT INFORMATION (Part II)			
Applicant Name	Telephone #	Email Address	
Full Mailing Address	Street Address	City	State Zip
Relationship to person listed above	Purpose for obtaining this record:		
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.			
Name of Person Receiving Copies, if Different from Applicant			
Mailing Address for Copies, if Different from Applicant			
City	State	Zip	

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)	
STATE OF _____ COUNTY OF _____	Before me on this day appeared _____ (Applicant name)
now residing at _____ (Address)	_____ (City) _____ (State)
who is related to the person named on Part I as _____ (Relationship)	and who on oath deposes and says that the contents of this affidavit are true and correct.
The applicant presented the following type and number of identification: _____	
Applicant Signature _____	
(Seal)	Sworn to and subscribed before me, this ____ day of ____, 20 ____.
	Signature of Notary Public and Notary ID Number _____
	Typed or Printed Name: _____
	Commission Expires: _____
	Street Address: _____
	City, State, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

MAIL THIS APPLICATION, PAYMENT AND A VALID PHOTO ID TO:
Texas Vital Records Department of State Health Services
P.O. Box 12040 Austin, TX 78711-2040