



**ACKNOWLEDGMENT OF PATERNITY (AOP) 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.

**\*\*\*CHILD'S NAME AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE\*\*\***

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: \_\_\_\_\_

Check One:  Certified Copy of AOP  Certified Copy of AOP Rescission

Name and address of Person making the Inquiry:

First	Middle	Last	
Address	City	State	Zip Code
( )		( )	
Daytime Telephone Number		Fax number	

**Family Code §160.313 allows 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 or Rescission of Acknowledgment of Paternity form to:

**SIGNATURE OF REQUESTOR**

**DATE**

This inquiry request requires a search fee. 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 512-776-7164 and paid with a MasterCard, Visa, Discover, or American Express.

**\*\*\*Identification is required for all credit card payments, if name listed on credit card is different from requestor.\*\*\***

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

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

**Mail To:**  
AOP 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 \_\_\_\_\_

**\*\*\*IMPORTANT: A copy of government-issued photo identification must be provided with this request [25 TAC §181.1(13)] \*\*\***