

**CERTIFICATE OF ADOPTION**

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. (Health & Safety Code, §195.003, 1989) VS-160 REV. 9/02

<b>SECTION 1</b>  ORIGINAL BIRTH INFORMATION	1. NAME OF CHILD (BEFORE 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                      LAST (MAIDEN)			10. NATURAL FATHER    FIRST                      MIDDLE                      LAST									
<b>SECTION 2</b>  ADOPTION INFORMATION COMPLETE THIS SECTION AS IT SHOULD APPEAR ON THE "NEW" BIRTH RECORD	11. NEW NAME OF CHILD AFTER ADOPTION    FIRST                      MIDDLE                      LAST                      SUFFIX			12. IS THIS A SINGLE PARENT ADOPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		13a. DO YOU WANT A NEW BIRTH CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		13b. IF YES, DO YOU WANT THE NAME OF HOSPITAL SHOWN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	14. NAME OF ADOPTIVE FATHER    FIRST                      MIDDLE                      LAST                      SUFFIX			15. DATE OF BIRTH (mm/dd/yyyy)									
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		17. RACE		18a. HISPANIC ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		18b. IF YES, SPECIFY		19. RELATIONSHIP: <input type="checkbox"/> STEP-PARENT <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NON-RELATIVE <input type="checkbox"/> NATURAL FATHER				
	20. NAME OF ADOPTIVE MOTHER    FIRST                      MIDDLE                      MAIDEN			21. DATE OF BIRTH (mm/dd/yyyy)									
	22. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		23. RACE		24a. HISPANIC ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		24b. IF YES, SPECIFY		25. RELATIONSHIP: <input type="checkbox"/> STEP-PARENT <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NON-RELATIVE <input type="checkbox"/> NATURAL MOTHER				
	26. MAILING ADDRESS OF ADOPTIVE MOTHER AT TIME OF BIRTH - STREET # AND NAME                      CITY                      COUNTY                      STATE                      ZIP												
	27. SIGNATURE OF EITHER ADOPTIVE PARENT					28a. ADOPTIVE FATHER'S SSN		28b. ADOPTIVE MOTHER'S SSN					
	29. ADOPTIVE PARENTS CURRENT MAILING ADDRESS                      STREET # AND NAME                      CITY                      STATE                      ZIP							30. ADOPTIVE PARENTS TELEPHONE NO. (       )					
	<b>SECTION 3</b>  NAME AND ADDRESS OF ANY PERSON WHOSE CONSENT WAS REQUIRED OR WAIVED UNDER CHAPTER 162, FAMILY CODE	31. NATURAL MOTHER    FIRST                      MIDDLE                      LAST (MAIDEN)			32. SSN								
		33. MAILING ADDRESS                      STREET # AND NAME                      CITY                      STATE                      ZIP											
34. NATURAL FATHER    FIRST                      MIDDLE                      LAST			35. SSN										
36. MAILING ADDRESS                      STREET # AND NAME                      CITY                      STATE                      ZIP													
37. GUARDIAN'S NAME    FIRST                      MIDDLE                      LAST			38. SSN										
39. MAILING ADDRESS                      STREET # AND NAME                      CITY                      STATE                      ZIP													
40. MANAGING CONSERVATOR'S NAME    FIRST                      MIDDLE                      LAST			41. SSN										
42. MAILING ADDRESS                      STREET # AND NAME                      CITY                      STATE                      ZIP													
<b>ATTORNEY</b>	43. OTHER PERSON    FIRST                      MIDDLE                      LAST			44. SSN									
	45. MAILING ADDRESS                      STREET # AND NAME                      CITY                      STATE                      ZIP												
<b>AGENCY</b>	46. NAME OF ATTORNEY OF RECORD							47. MAILING ADDRESS OF ATTORNEY			48. TELEPHONE NUMBER (       )		
	49. NAME OF CHILD PLACING AGENCY (IF APPLICABLE)							50. LICENSE NUMBER					
<b>REGISTRY</b>	51. MAILING ADDRESS OF AGENCY (IF APPLICABLE)							52. TELEPHONE NUMBER (       )					
	53. NAME OF ADOPTION REGISTRY							54. MAILING ADDRESS OF REGISTRY					55. TELEPHONE NUMBER (       )
<b>SECTION 4</b>  CERTIFICATION OF COURT	56. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN DECREE WHICH WAS GRANTED												
ON _____ DAY OF _____,													
IN THE _____ COURT OF _____ COUNTY, TEXAS IN CAUSE # _____													
_____ DISTRICT CLERK'S SIGNATURE													

