



Texas Department of State Health Services

OFFICE USE ONLY

FEE RECEIVED: _____

POSITIVE SEARCH: _____

NEGATIVE SEARCH: _____

DATE MAILED/EMAILED: _____ BUDGET-FUND: ZZ712

APPLICATION FOR ACKNOWLEDGMENT OF PATERNITY (AOP) INQUIRY

COMPLETE STEPS 1, 2 & 3. SIGN AND DATE THE APPLICATION. INCLUDE A PHOTOCOPY OF YOUR VALID ID.

Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Form for Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT). Includes fields for Name, Street Address, City, State, Zip Code, Email Address, Daytime Telephone Number, Relationship (Mother, Father, Presumed Father, Court Ordered for Attorney), and Address to Send to if different than noted above.

Step 2: INFORMATION FOR CHILD SHOWN ON AOP

Form for Step 2: INFORMATION FOR CHILD SHOWN ON AOP. Includes fields for Name of Child (First, Middle, Last), Date of Birth, Birthplace (City, County, State), Mother's Name (First, Middle, Maiden Last, Date of Birth), and Biological Father's Name (First, Middle, Last, Date of Birth).

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

Step 3: COST & FEES (NOT REFUNDABLE, if Record Not found)

Table for Step 3: COST & FEES. Columns: Select Record Type, Qty, Price/each, Total. Rows include AOP Inquiry, Expedited Processing, Overnight Return Mail, and USPS Express Return Mail. Total Due: \$.

Make check or money order payable to **DSHS – Vital Statistics - ZZ712.**

Mail completed form, payment and valid ID to: **DSHS - VSS, P.O. Box 12040, Austin, TX 78711-2040.** Regular orders are processed and mailed 6 – 8 weeks after receipt of the request.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English (<http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/>) and Spanish ([http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-\(Spanish\)/](http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs-(Spanish)/)).

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR 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.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant _____ Date Signed (MM/DD/YYYY) ____/____/____

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.