AOP Administration User Guide

REV 01/2024

TxEVER AOP REGISTRATION

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AOP Registration User Guide:
New Certified Entity

TxEVER AOP Checklist: New Certified Entity

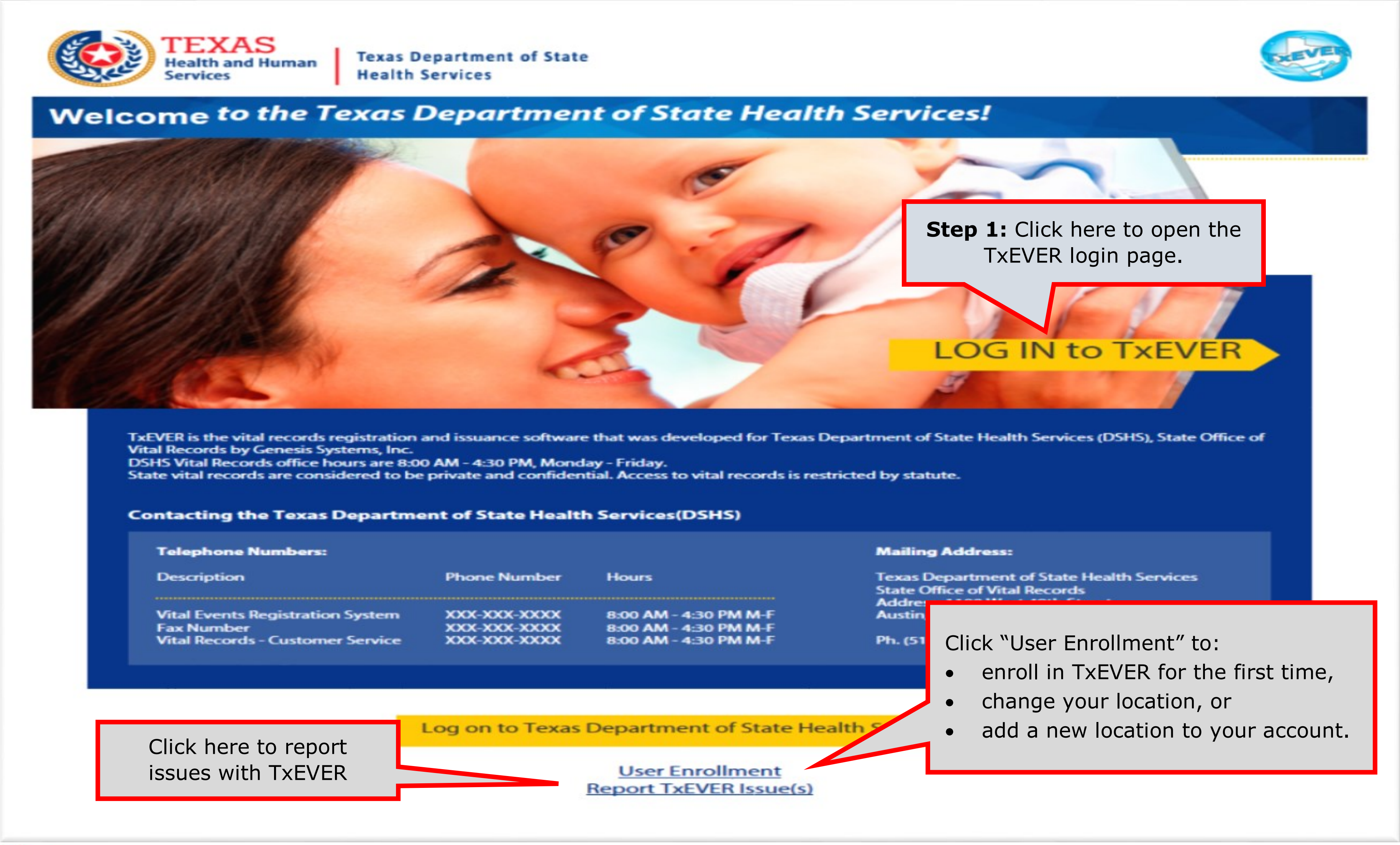
☐ 1. Login and go to library maintenance
☐ 2. Create a location
☐ 3. Create a user
☐ 4. Add locations to the user
☐ 5. Add contact information and processes to user
☐ 6. Designate as AOP user in AOP User Management
☐ 7. Updating Training and Certification Dates
☐ 8. Deleting Active Entry of Former Employee

Helpful
Tips

Use this checklist when creating a new AOP certified entity.
Skip step 1 if the facility already exists in TxEVER.

1. Login and go to library maintenance

Log into TxEVER via the web https://txever.dshs.texas.gov/TxEverUI/Welcome.htm



TEXAS
Health and Human Services
Texas Department of State Health Services
TxEVER

Welcome to the Texas Department of State Health Services!

Step 1: Click here to open the TxEVER login page.

LOG IN to TxEVER

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:

Description	Phone Number	Hours
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F

Mailing Address:

Texas Department of State Health Services
State Office of Vital Records
Addre
Austin

Ph. (51

Click "User Enrollment" to:

- enroll in TxEVER for the first time,
- change your location, or
- add a new location to your account.

Log on to Texas Department of State Health

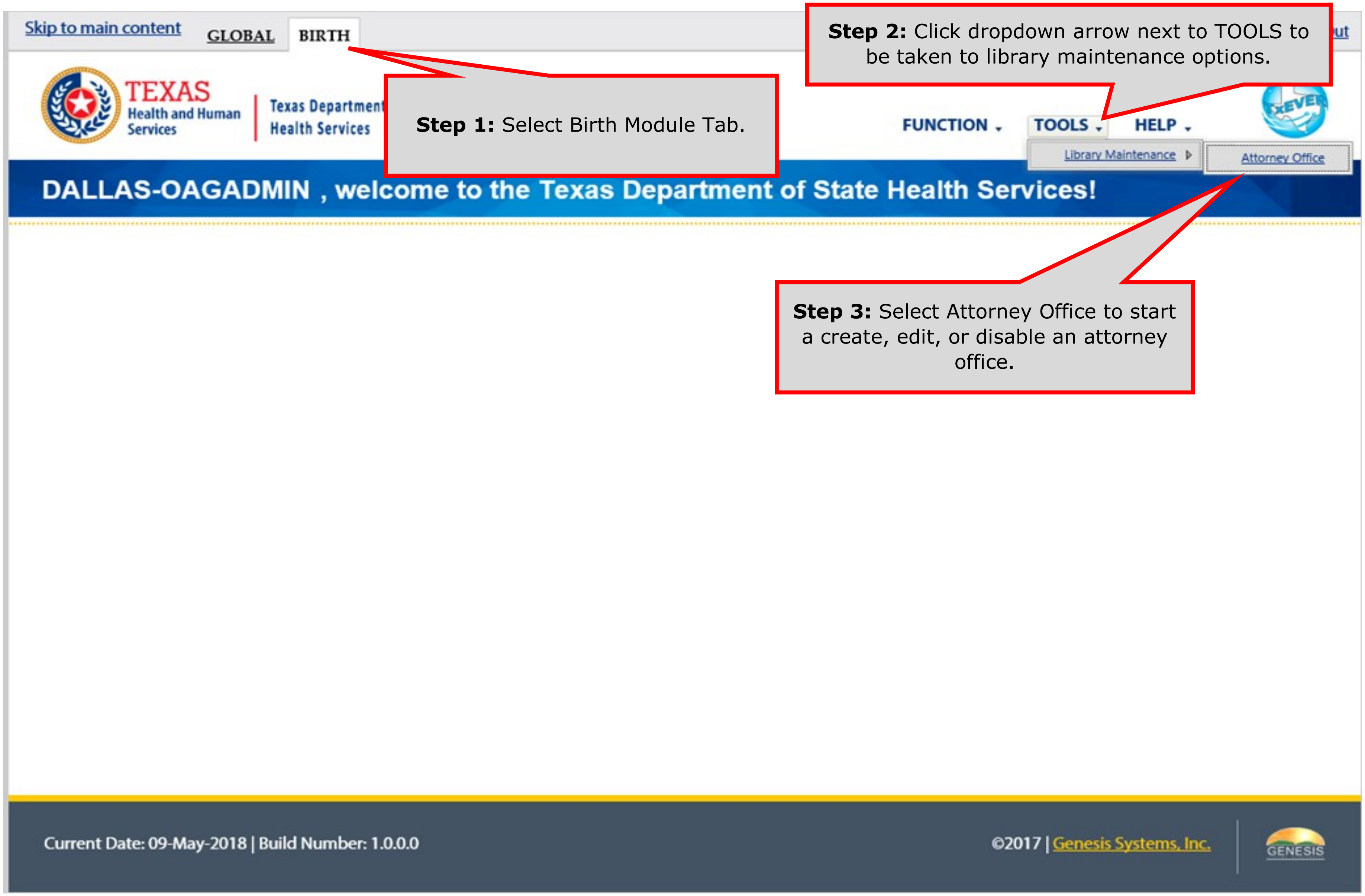
Click here to report issues with TxEVER

User Enrollment
Report TxEVER Issue(s)

Helpful Tips

You can also contact the TxEVER Local Administrator of your facility to create an account for you in TxEVER.
You can also send an email to the TxEVER Help Desk from within TxEVER.

1. Login and go to library maintenance


Skip to main content
GLOBAL
BIRTH
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTION
TOOLS
HELP
Library Maintenance
Attorney Office
TxEVER
GENESIS

Step 1: Select Birth Module Tab.

Step 2: Click dropdown arrow next to TOOLS to be taken to library maintenance options.

Step 3: Select Attorney Office to start a create, edit, or disable an attorney office.

DALLAS-OAGADMIN , welcome to the Texas Department of State Health Services!

Current Date: 09-May-2018 | Build Number: 1.0.0.0

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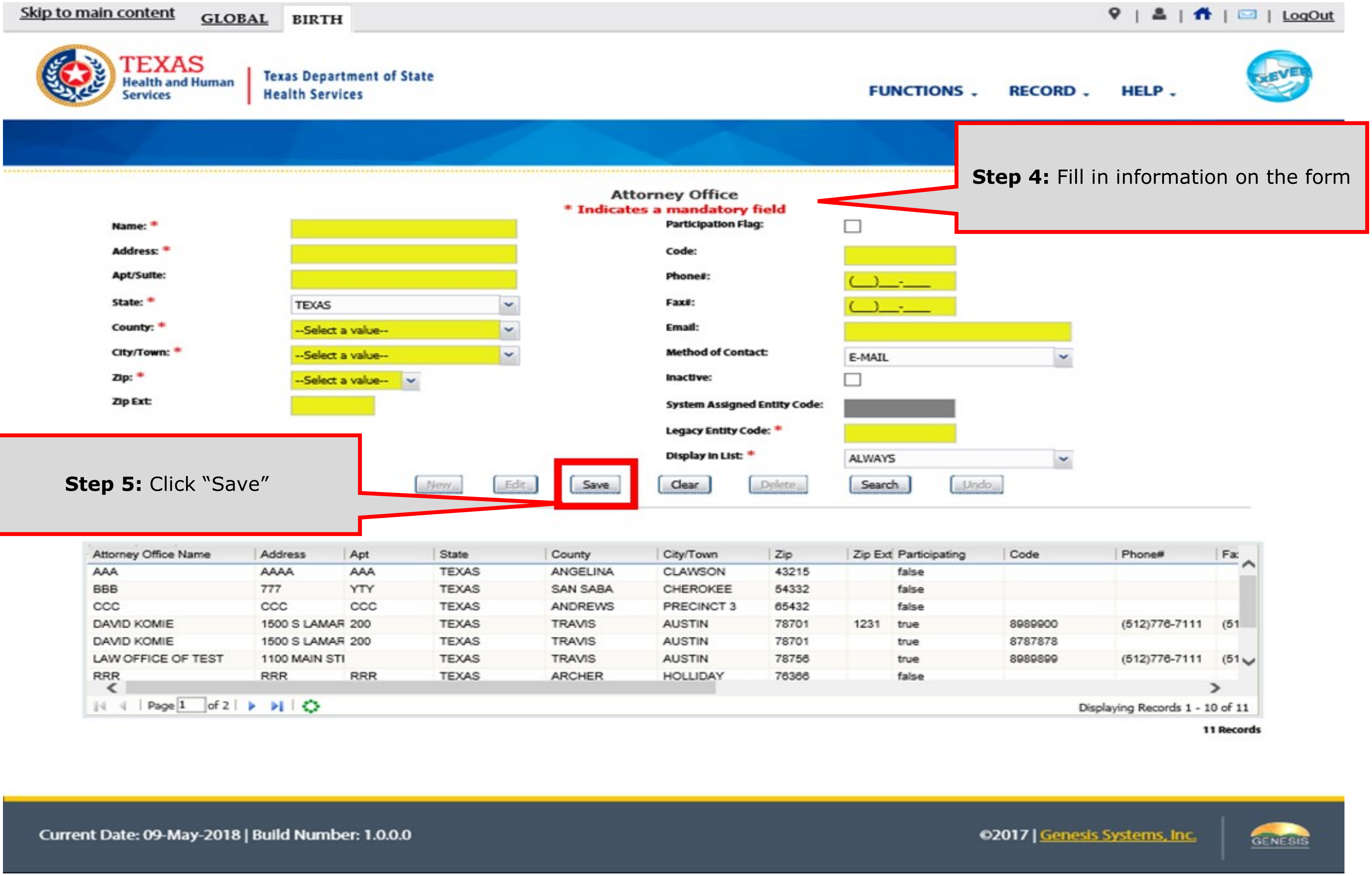
Helpful Tips

2. Create a location


Skip to main content
GLOBAL
BIRTH
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
HELP
TXEVER
New
Edit
Save
Clear
Delete
Search
Undo
GENESIS

Step 4: Fill in information on the form

Attorney Office

* Indicates a mandatory field

Name: *

Address: *

Apt/Suite:

State: * TEXAS

County: * --Select a value--

City/Town: * --Select a value--

Zip: * --Select a value--

Zip Ext:

Participation Flag: ☐

Code:

Phone#: (___)___-____

Fax#: (___)___-____

Email:

Method of Contact: E-MAIL

Inactive: ☐

System Assigned Entity Code:

Legacy Entity Code: *

Display In List: * ALWAYS

Step 5: Click “Save”

Attorney Office Name	Address	Apt	State	County	City/Town	Zip	Zip Ext	Participating	Code	Phone#	Fa:
AAA	AAAA	AAA	TEXAS	ANGELINA	CLAWSON	43215		false			
BBB	777	YTY	TEXAS	SAN SABA	CHEROKEE	54332		false			
CCC	CCC	CCC	TEXAS	ANDREWS	PRECINCT 3	65432		false			
DAVID KOMIE	1500 S LAMAR	200	TEXAS	TRAVIS	AUSTIN	78701	1231	true	8989900	(512)776-7111	(51
DAVID KOMIE	1500 S LAMAR	200	TEXAS	TRAVIS	AUSTIN	78701		true	8787878		
LAW OFFICE OF TEST	1100 MAIN STI		TEXAS	TRAVIS	AUSTIN	78756		true	8989899	(512)776-7111	(51
RRR	RRR	RRR	TEXAS	ARCHER	HOLLIDAY	76366		false			

Page 1 of 2

Displaying Records 1 - 10 of 11

11 Records

Current Date: 09-May-2018 | Build Number: 1.0.0.0

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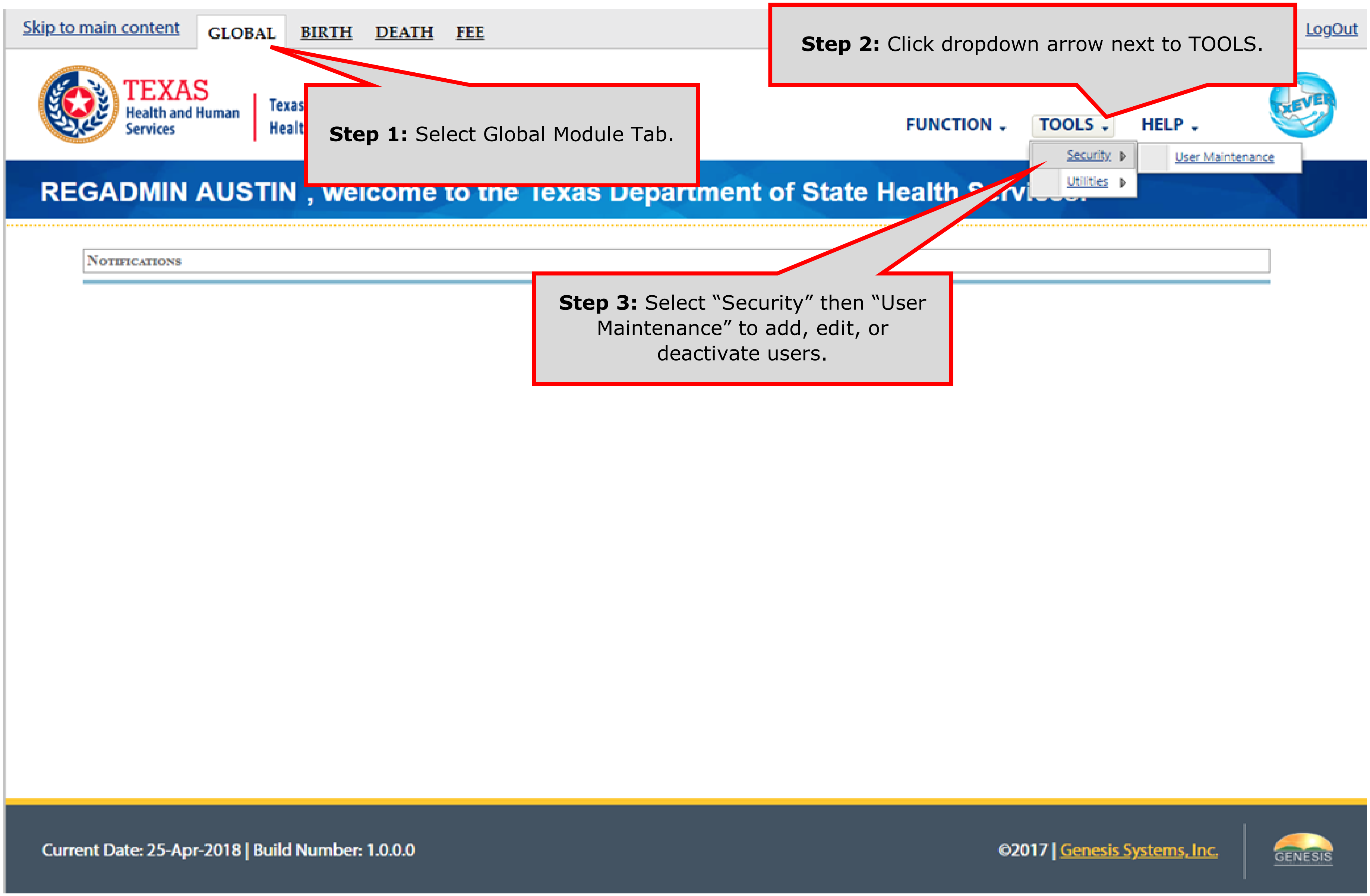
Helpful Tips

Edit a location by clicking on the facility in the table and then clicking “Edit.”

3. Create a user


Skip to main content
GLOBAL
BIRTH
DEATH
FEE
LogOut
TEXAS Health and Human Services
Texas Healt
TxEVER
FUNCTION
TOOLS
HELP
Security
Utilities
User Maintenance
REGADMIN AUSTIN , welcome to the Texas Department of State Health Services.
Notifications
Current Date: 25-Apr-2018 | Build Number: 1.0.0.0
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GENESIS

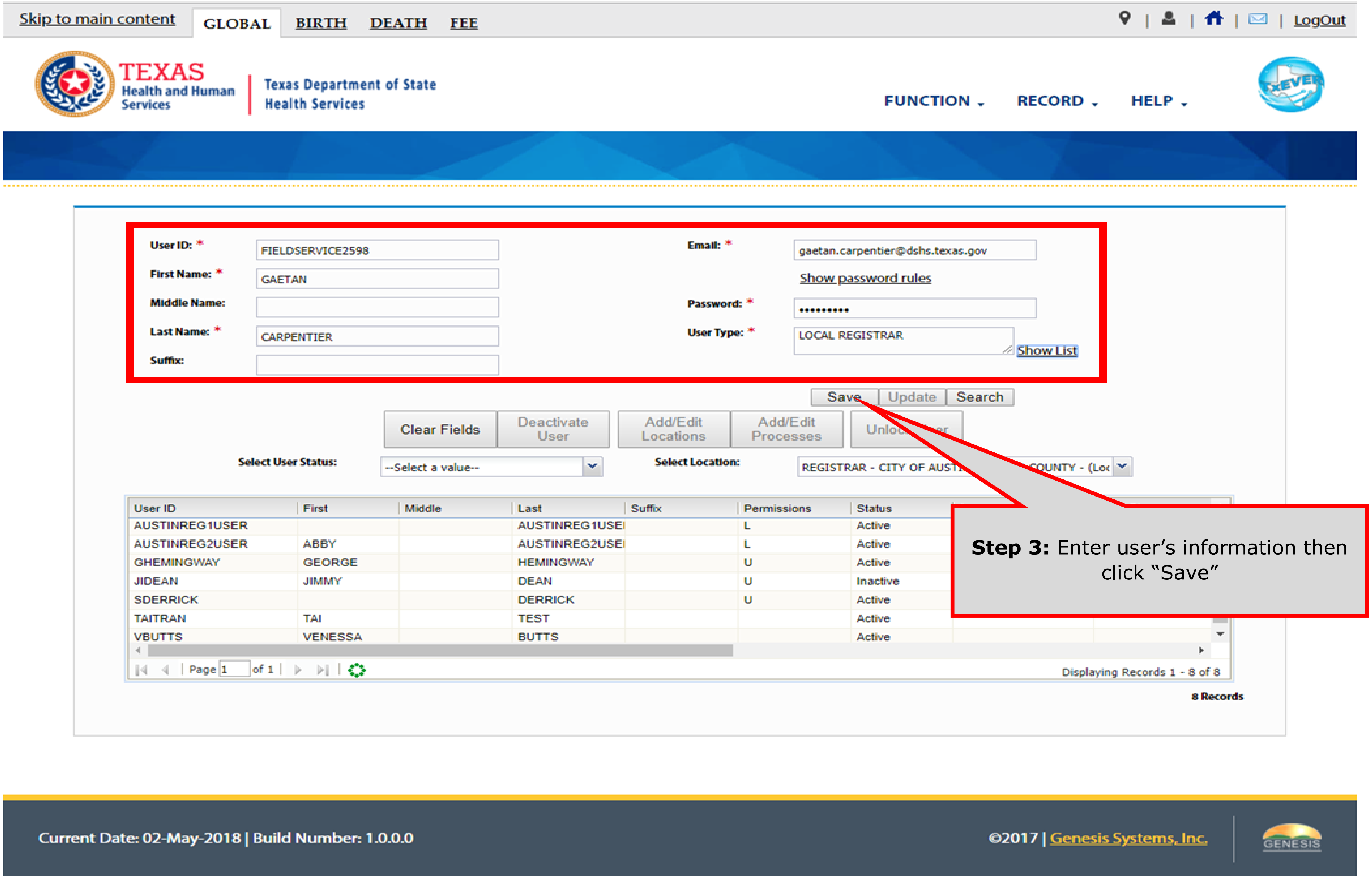
Step 2: Click dropdown arrow next to TOOLS.

Step 1: Select Global Module Tab.

Step 3: Select “Security” then “User Maintenance” to add, edit, or deactivate users.

Helpful Tips

3. Create a user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GLOBAL
BIRTH
DEATH
FEE
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTION
RECORD
HELP
TXEVER
Show password rules
Show List
Save
Update
Search
Clear Fields
Deactivate User
Add/Edit Locations
Add/Edit Processes
Unlo
Page 1 of 1
GENESIS

User ID: * FIELDSERVICE2598
First Name: * GAETAN
Middle Name:
Last Name: * CARPENTIER
Suffix:
Email: * gaetan.carpentier@dshs.texas.gov
Password: * •••••••••
User Type: * LOCAL REGISTRAR

Select User Status: --Select a value--
Select Location: REGISTRAR - CITY OF AUST COUNTY - (Loc

User ID	First	Middle	Last	Suffix	Permissions	Status
AUSTINREG1USER			AUSTINREG1USE		L	Active
AUSTINREG2USER	ABBY		AUSTINREG2USE		L	Active
GHEMINGWAY	GEORGE		HEMINGWAY		U	Active
JIDEAN	JIMMY		DEAN		U	Inactive
SDERRICK			DERRICK		U	Active
TAITRAN	TAI		TEST			Active
VBUTTS	VENESSA		BUTTS			Active

Displaying Records 1 - 8 of 8

8 Records

Current Date: 02-May-2018 | Build Number: 1.0.0.0

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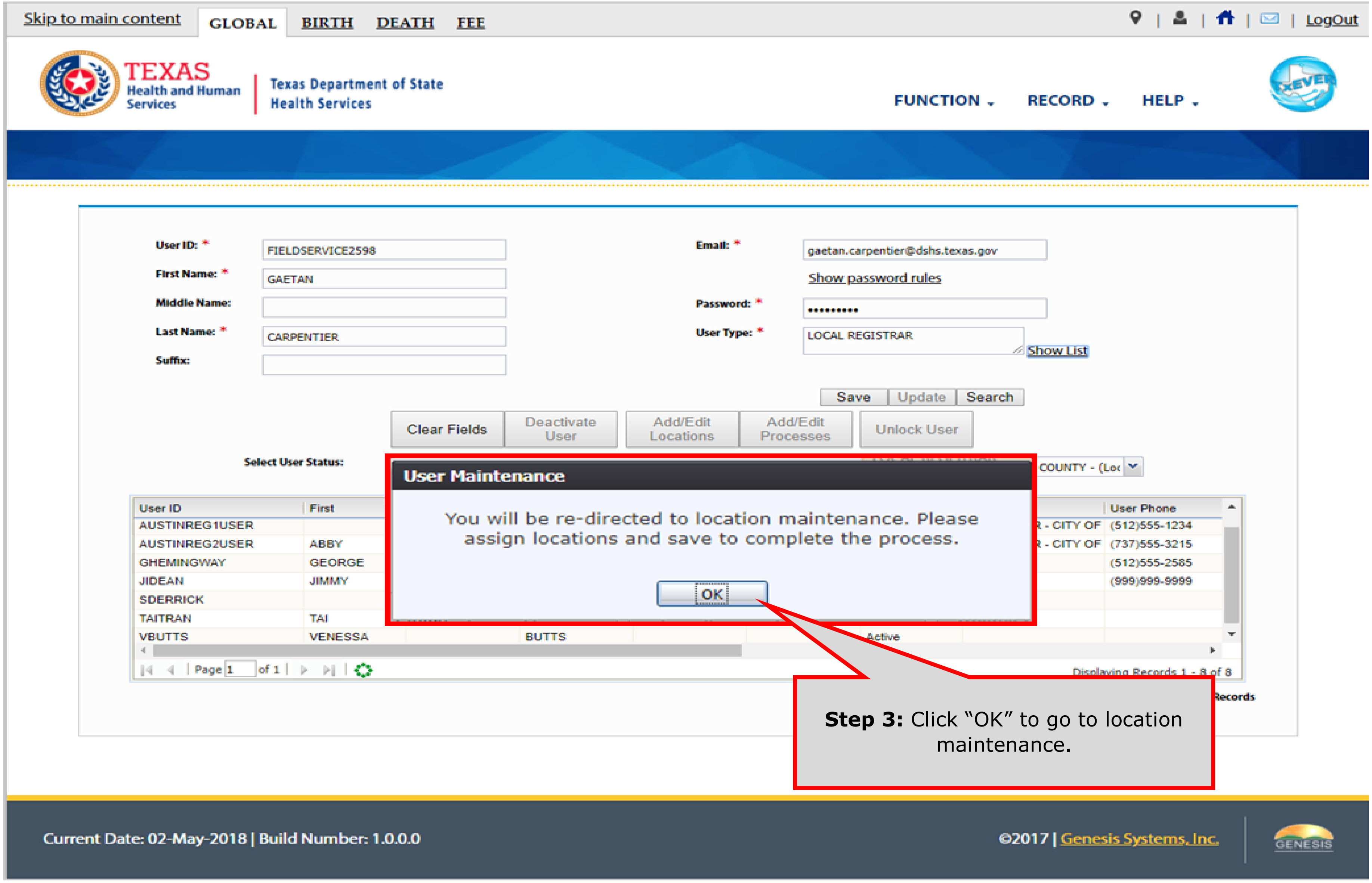
Step 3: Enter user’s information then click “Save”

Helpful Tips

The user will then receive an email with their username and a temporary password.
You can also reset a password or unlock a user from this screen by selecting their name in the table.

3. Create a user



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GLOBAL
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TEXAS Health and Human Services
Texas Department of State Health Services
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TxEVER

User ID: * FIELDSERVICE2598

First Name: * GAETAN

Middle Name:

Last Name: * CARPENTIER

Suffix:

Email: * gaetan.carpentier@dshs.texas.gov

Show password rules

Password: * •••••••••

User Type: * LOCAL REGISTRAR

Show List
Save
Update
Search
Clear Fields
Deactivate User
Add/Edit Locations
Add/Edit Processes
Unlock User

Select User Status:

COUNTY - (Loc

User ID	First				User Phone
AUSTINREG1USER				R - CITY OF	(512)555-1234
AUSTINREG2USER	ABBY			R - CITY OF	(737)555-3215
GHEMINGWAY	GEORGE				(512)555-2585
JIDEAN	JIMMY				(999)999-9999
SDERRICK					
TAITRAN	TAI				
VBUTTS	VENESSA	BUTTS	Active		

Page 1 of 1

Displaying Records 1 - 8 of 8

User Maintenance

You will be re-directed to location maintenance. Please assign locations and save to complete the process.

Step 3: Click “OK” to go to location maintenance.

Current Date: 02-May-2018 | Build Number: 1.0.0.0

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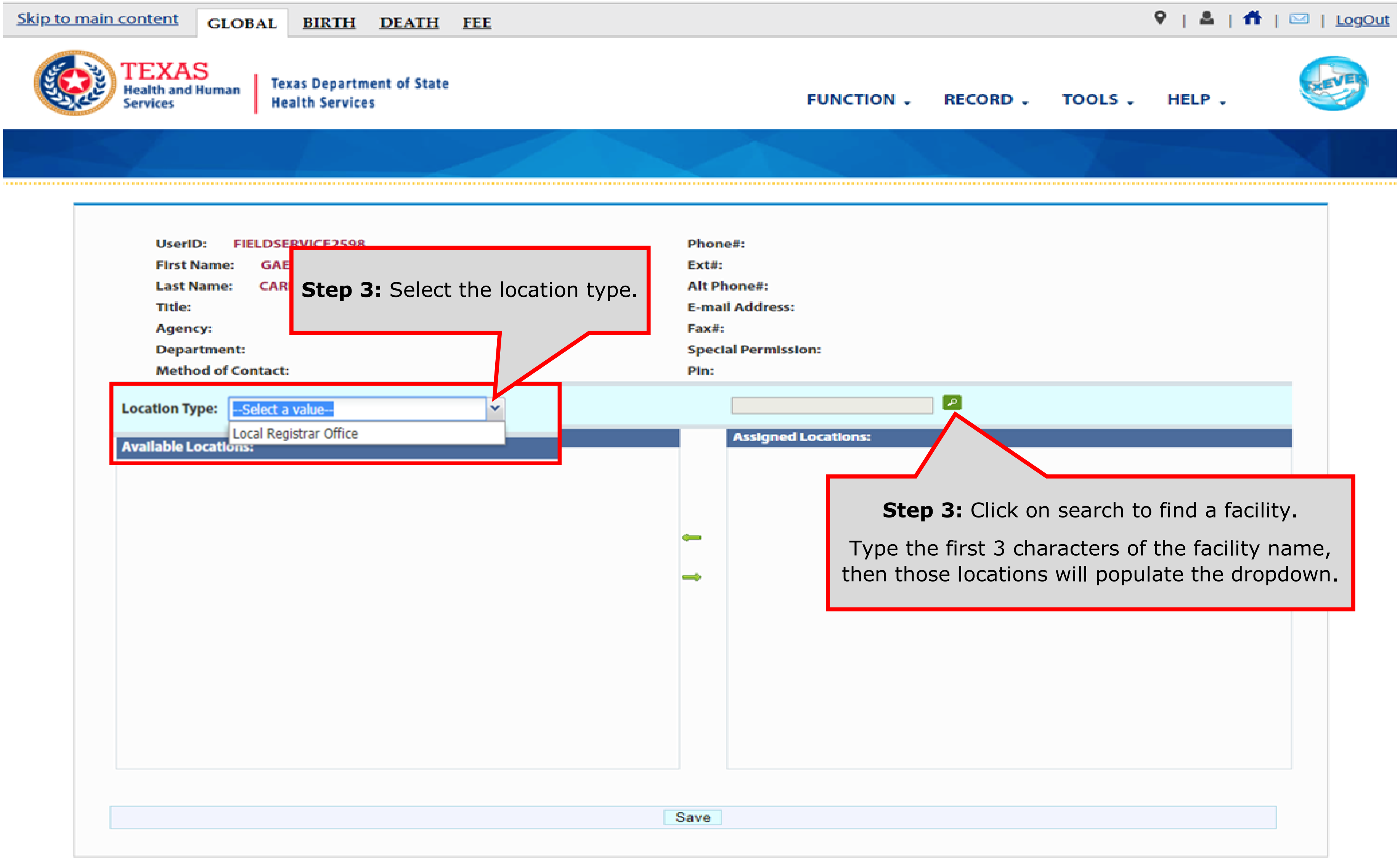
Helpful Tips

If you are not creating a new user, you can also get to location maintenance by clicking “Add/Edit Locations” in the center of the screen or within the Record menu.

4. Add locations to the user


Skip to main content
GLOBAL
BIRTH
DEATH
FEE
LogOut
TEXAS
Health and Human Services
Texas Department of State Health Services
FUNCTION
RECORD
TOOLS
HELP
TxEVER
Available Locations:
Assigned Locations:
Save

UserID: FIELDSERVICE2598
First Name: GAE
Last Name: CAR
Title:
Agency:
Department:
Method of Contact:

Phone#:
Ext#:
Alt Phone#:
E-mail Address:
Fax#:
Special Permission:
Pin:

Location Type: --Select a value--
Local Registrar Office

Step 3: Select the location type.

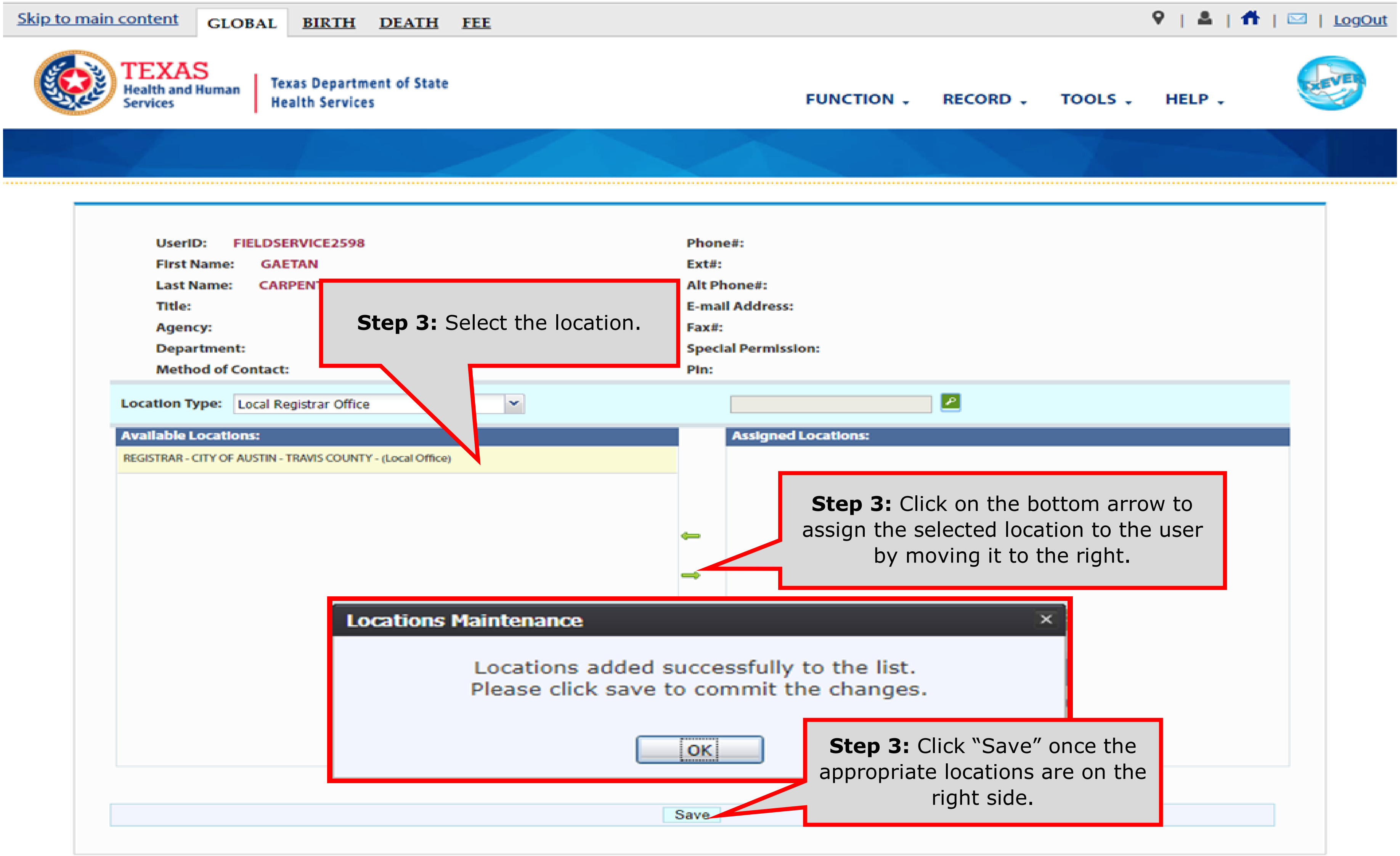
Step 3: Click on search to find a facility.

Type the first 3 characters of the facility name, then those locations will populate the dropdown.

Helpful Tips

The locations will appear as a list on the right side of the page, but sometimes you need to search for the facility first.

4. Add locations to the user


Skip to main content
GLOBAL
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Texas Department of State Health Services
FUNCTION
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TxEVER
Available Locations:
Assigned Locations:
OK
Save

UserID: FIELDSERVICE2598
First Name: GAETAN
Last Name: CARPENT
Title:
Agency:
Department:
Method of Contact:
Phone#:
Ext#:
Alt Phone#:
E-mail Address:
Fax#:
Special Permission:
Pin:

Location Type: Local Registrar Office

REGISTRAR - CITY OF AUSTIN - TRAVIS COUNTY - (Local Office)

Locations Maintenance

Locations added successfully to the list.
Please click save to commit the changes.

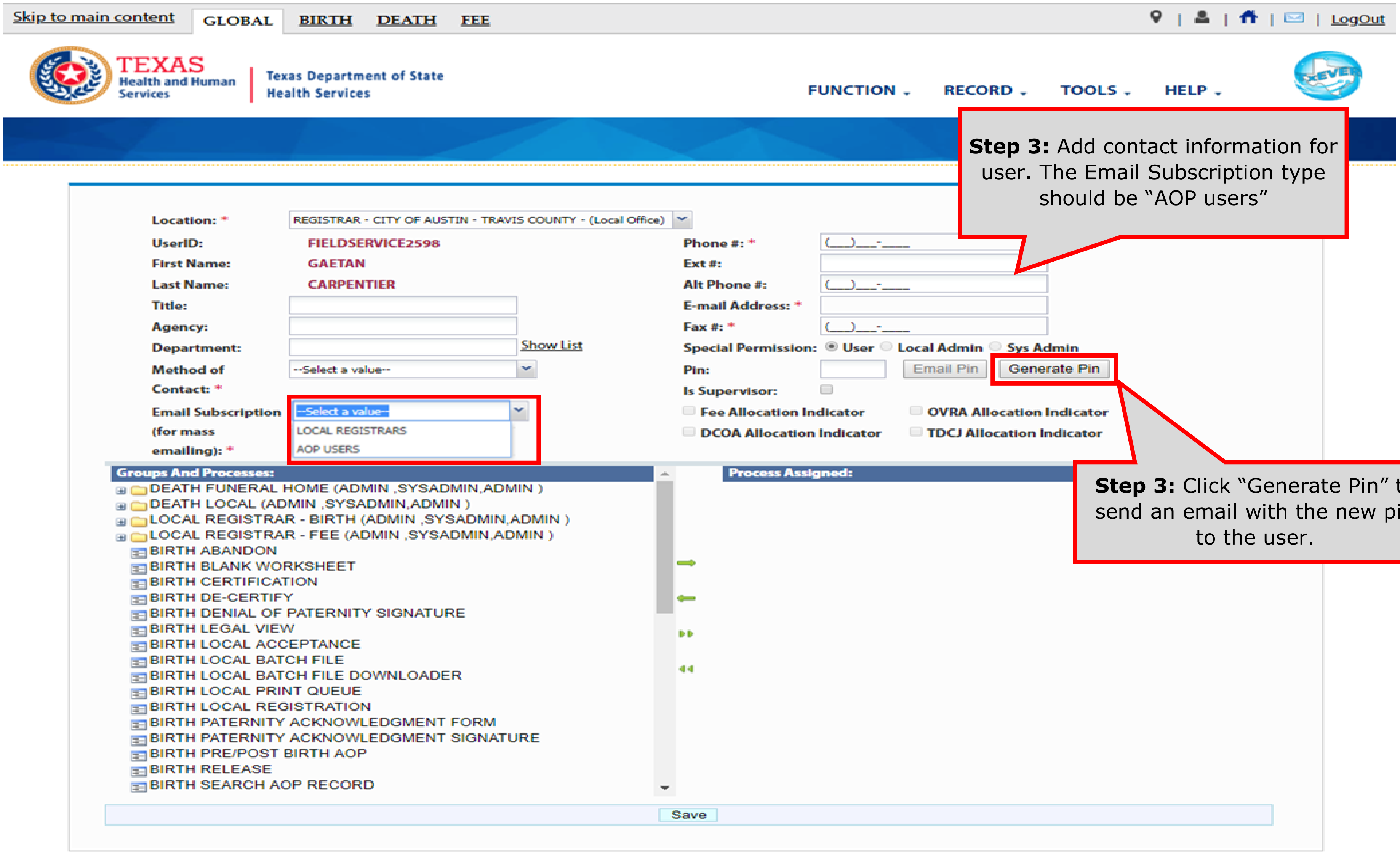
Step 3: Select the location.

Step 3: Click on the bottom arrow to assign the selected location to the user by moving it to the right.

Step 3: Click “Save” once the appropriate locations are on the right side.

Helpful Tips

5. Add contact information and processes to user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DEATH
FEE
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Texas Department of State Health Services
FUNCTION
RECORD
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Location: * REGISTRAR - CITY OF AUSTIN - TRAVIS COUNTY - (Local Office)
UserID: FIELDSERVICE2598
First Name: GAETAN
Last Name: CARPENTIER
Title:
Agency:
Department:
Method of Contact: * --Select a value--
Email Subscription (for mass emailing): * --Select a value--

Phone #: * (___)___-____
Ext #:
Alt Phone #: (___)___-____
E-mail Address: *
Fax #: * (___)___-____
Special Permission: ● User ○ Local Admin ○ Sys Admin
Pin:
Is Supervisor: ☐
☐ Fee Allocation Indicator
☐ OVRA Allocation Indicator
☐ DCOA Allocation Indicator
☐ TDCJ Allocation Indicator

Show List
LOCAL REGISTRARS
AOP USERS
Email Pin
Generate Pin

Groups And Processes:
DEATH FUNERAL HOME (ADMIN ,SYSADMIN,ADMIN)
DEATH LOCAL (ADMIN ,SYSADMIN,ADMIN)
LOCAL REGISTRAR - BIRTH (ADMIN ,SYSADMIN,ADMIN)
LOCAL REGISTRAR - FEE (ADMIN ,SYSADMIN,ADMIN)
BIRTH ABANDON
BIRTH BLANK WORKSHEET
BIRTH CERTIFICATION
BIRTH DE-CERTIFY
BIRTH DENIAL OF PATERNITY SIGNATURE
BIRTH LEGAL VIEW
BIRTH LOCAL ACCEPTANCE
BIRTH LOCAL BATCH FILE
BIRTH LOCAL BATCH FILE DOWNLOADER
BIRTH LOCAL PRINT QUEUE
BIRTH LOCAL REGISTRATION
BIRTH PATERNITY ACKNOWLEDGMENT FORM
BIRTH PATERNITY ACKNOWLEDGMENT SIGNATURE
BIRTH PRE/POST BIRTH AOP
BIRTH RELEASE
BIRTH SEARCH AOP RECORD

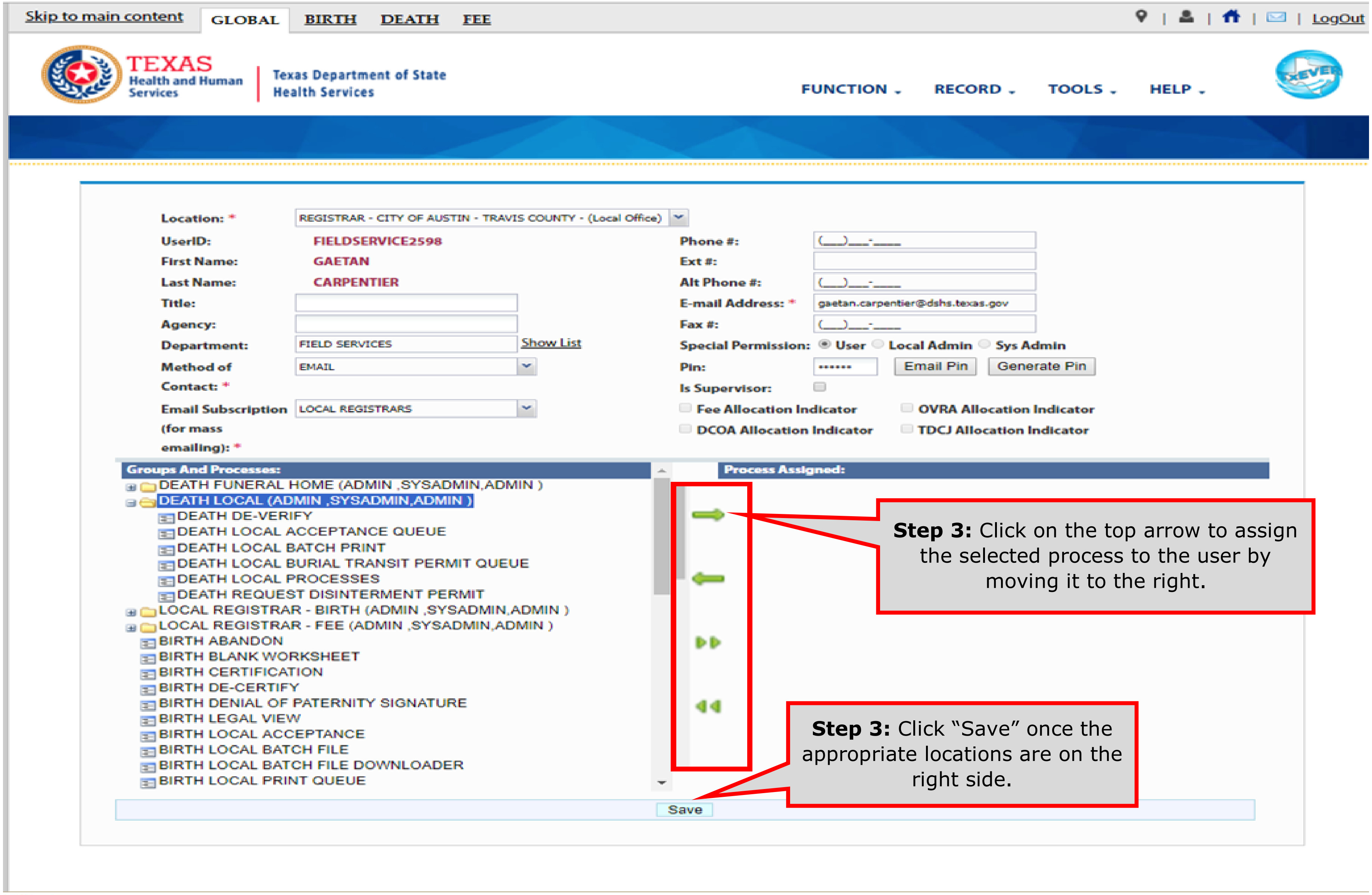
Process Assigned:

Step 3: Add contact information for user. The Email Subscription type should be “AOP users”

Step 3: Click “Generate Pin” to send an email with the new pin to the user.

Helpful Tips

5. Add contact information and processes to user


Skip to main content
GLOBAL
BIRTH
DEATH
FEE
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTION
RECORD
TOOLS
HELP
TXEVER

Location: * REGISTRAR - CITY OF AUSTIN - TRAVIS COUNTY - (Local Office)

UserID: FIELDSERVICE2598

First Name: GAETAN

Last Name: CARPENTIER

Title:

Agency:

Department: FIELD SERVICES Show List

Method of Contact: * EMAIL

Email Subscription (for mass emailing): * LOCAL REGISTRARS

Phone #: (___)___-____

Ext #:

Alt Phone #: (___)___-____

E-mail Address: * gaetan.carpentier@dshs.texas.gov

Fax #: (___)___-____

Special Permission: ● User ○ Local Admin ○ Sys Admin

Pin: •••••• Email Pin Generate Pin

Is Supervisor: ☐

☐ Fee Allocation Indicator ☐ OVRA Allocation Indicator

☐ DCOA Allocation Indicator ☐ TDCJ Allocation Indicator

Groups And Processes:

- DEATH FUNERAL HOME (ADMIN ,SYSADMIN,ADMIN)
- DEATH LOCAL (ADMIN ,SYSADMIN,ADMIN)
  - DEATH DE-VERIFY
  - DEATH LOCAL ACCEPTANCE QUEUE
  - DEATH LOCAL BATCH PRINT
  - DEATH LOCAL BURIAL TRANSIT PERMIT QUEUE
  - DEATH LOCAL PROCESSES
  - DEATH REQUEST DISINTERMENT PERMIT
- LOCAL REGISTRAR - BIRTH (ADMIN ,SYSADMIN,ADMIN)
- LOCAL REGISTRAR - FEE (ADMIN ,SYSADMIN,ADMIN)
- BIRTH ABANDON
- BIRTH BLANK WORKSHEET
- BIRTH CERTIFICATION
- BIRTH DE-CERTIFY
- BIRTH DENIAL OF PATERNITY SIGNATURE
- BIRTH LEGAL VIEW
- BIRTH LOCAL ACCEPTANCE
- BIRTH LOCAL BATCH FILE
- BIRTH LOCAL BATCH FILE DOWNLOADER
- BIRTH LOCAL PRINT QUEUE

Process Assigned:

Save

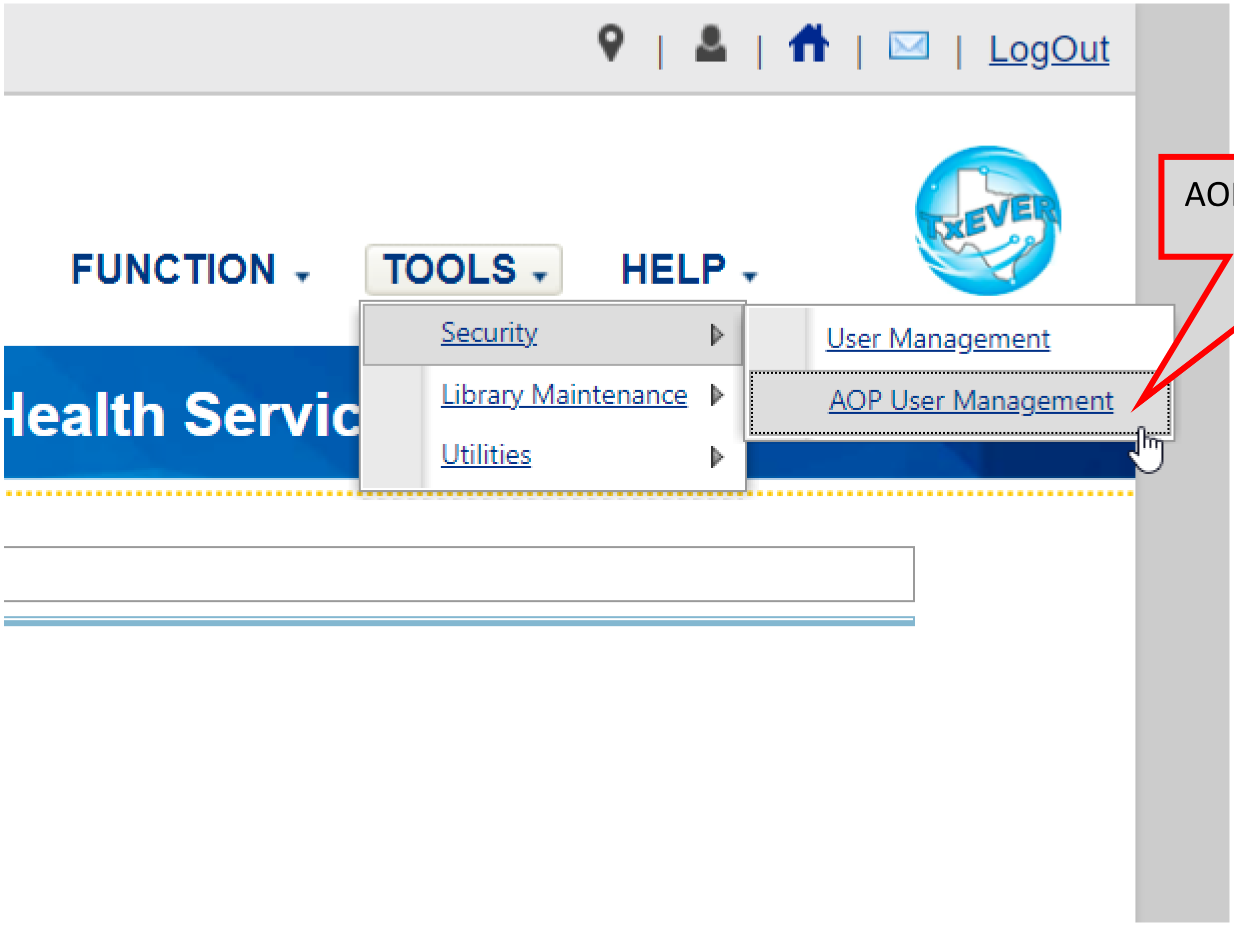
Step 3: Click on the top arrow to assign the selected process to the user by moving it to the right.

Step 3: Click “Save” once the appropriate locations are on the right side.

Helpful Tips

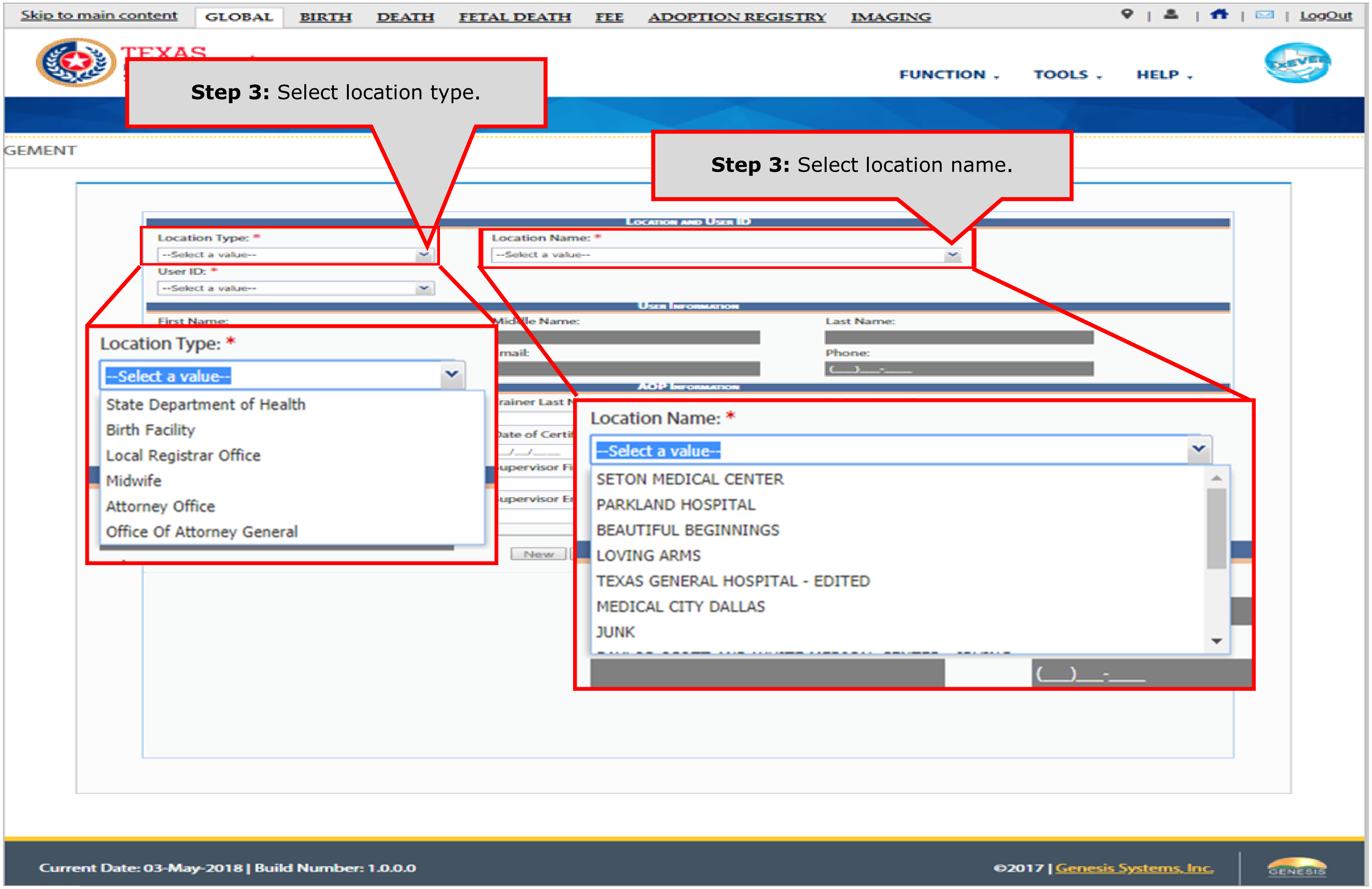
5. Add contact information and processes to user

Go to: Global --> Tools --> Security -->


LogOut
TxEVER
FUNCTION
TOOLS
HELP
Security
Library Maintenance
Utilities
User Management
AOP User Management
Health Servic

AOP User Management

6. Designate as AOP user in AOP User Management


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
FEE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS
FUNCTION
TOOLS
HELP
TXEVER
GEMENT
Location and User ID
Location Type: *
--Select a value--
User ID: *
--Select a value--
Location Name: *
--Select a value--
User Information
First Name:
Middle Name:
Last Name:
mail:
Phone:
(___)___-____
AOP Information
rainer Last N
Date of Certi
__/__/____
upervisor Fi
upervisor E
New
Location Type: *
--Select a value--
State Department of Health
Birth Facility
Local Registrar Office
Midwife
Attorney Office
Office Of Attorney General
Location Name: *
--Select a value--
SETON MEDICAL CENTER
PARKLAND HOSPITAL
BEAUTIFUL BEGINNINGS
LOVING ARMS
TEXAS GENERAL HOSPITAL - EDITED
MEDICAL CITY DALLAS
JUNK
(___)___-____
Current Date: 03-May-2018 | Build Number: 1.0.0.0
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GENESIS

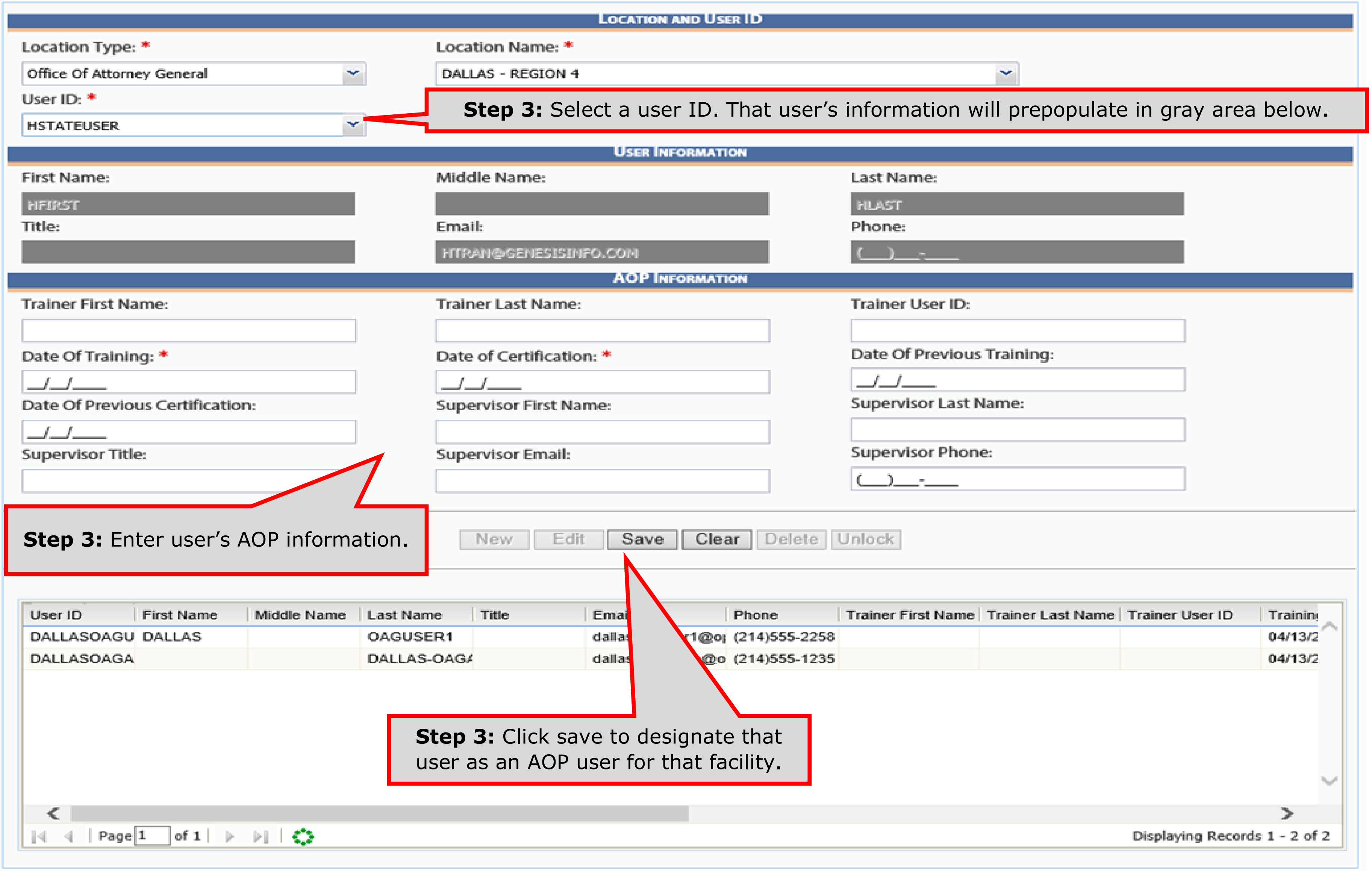
Step 3: Select location type.

Step 3: Select location name.

Helpful Tips

The user ids are displayed in the bottom half of the screen.

6. Designate as AOP user in AOP User Management



Location Type: * Office Of Attorney General

Location Name: * DALLAS - REGION 4

User ID: * HSTATEUSER

Step 3: Select a user ID. That user’s information will prepopulate in gray area below.

First Name: HFIRST

Middle Name:

Last Name: HLAST

Title:

Email: HTRAN@GENESISINFO.COM

Phone: (___)___-____

Trainer First Name:

Trainer Last Name:

Trainer User ID:

Date Of Training: * __/__/____

Date of Certification: * __/__/____

Date Of Previous Training: __/__/____

Date Of Previous Certification: __/__/____

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone: (___)___-____

Step 3: Enter user’s AOP information.

User ID	First Name	Middle Name	Last Name	Title	Emai	Phone	Trainer First Name	Trainer Last Name	Trainer User ID	Trainin
DALLASOAGU	DALLAS		OAGUSER1		dallas r1@o	(214)555-2258				04/13/2
DALLASOAGA			DALLAS-OAGA		dallas @o	(214)555-1235				04/13/2

Step 3: Click save to designate that user as an AOP user for that facility.

Displaying Records 1 - 2 of 2

Helpful Tips

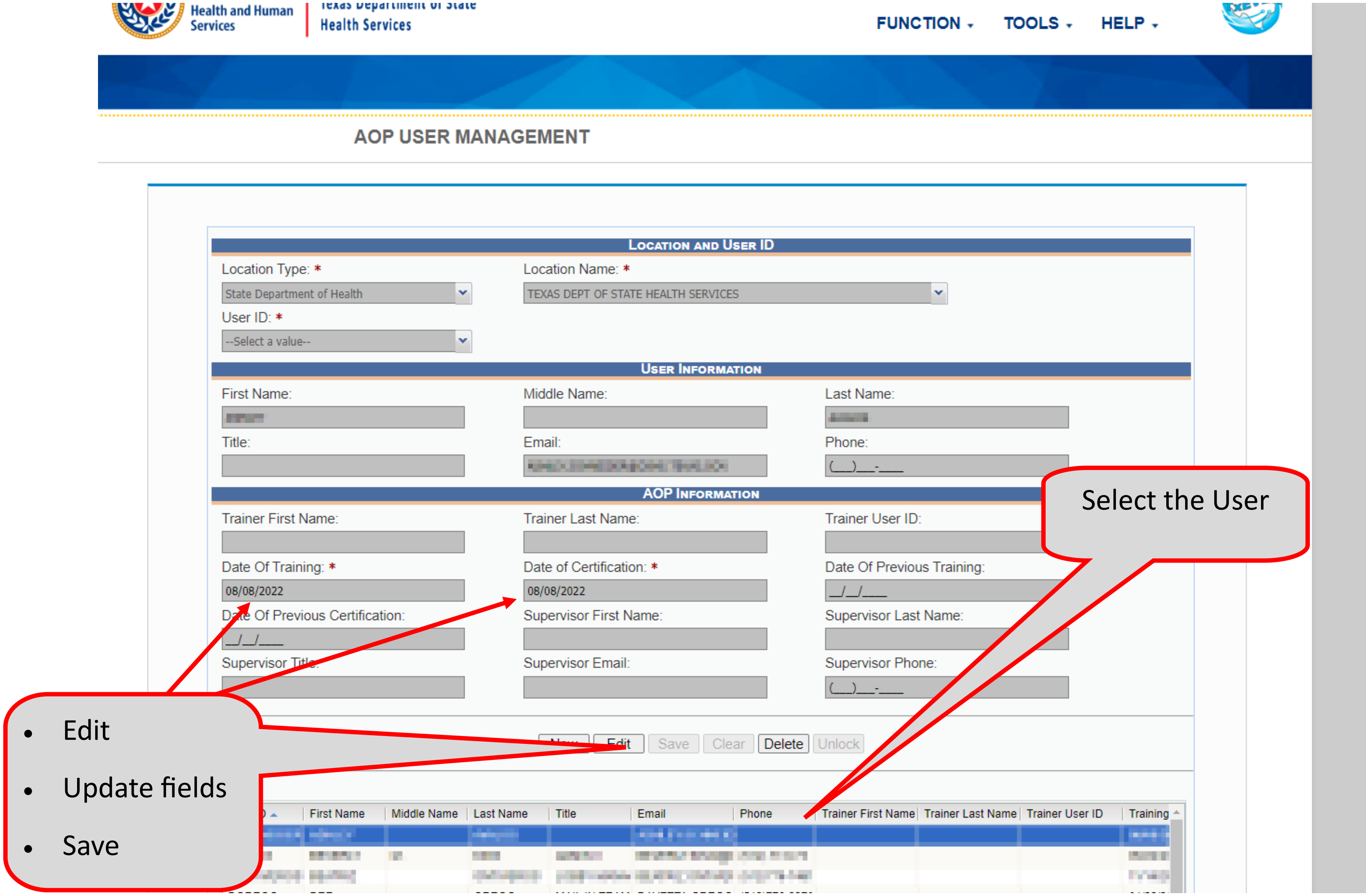
If a user is certified for AOPs at multiple locations, then you need to designate them as an AOP user in each location.
To edit or remove an AOP user, click the user in the table then click “Edit” or “Delete.”

7. Update Training and Certification dates

Search for User > Edit > Save

Select Location Type and Location Name. At the bottom you will see all of the users.

Select the user you wish to update. Click “Edit”; update the dates and click “Save”.


Health and Human Services
Texas Department of State Health Services
FUNCTION
TOOLS
HELP
New
Edit
Save
Clear
Delete
Unlock

AOP USER MANAGEMENT

Location and User ID

Location Type: * State Department of Health

Location Name: * TEXAS DEPT OF STATE HEALTH SERVICES

User ID: * --Select a value--

User Information

First Name: [redacted]

Middle Name:

Last Name: [redacted]

Title:

Email: [redacted]

Phone: (___)___-____

AOP Information

Trainer First Name:

Trainer Last Name:

Trainer User ID:

Date Of Training: * 08/08/2022

Date of Certification: * 08/08/2022

Date Of Previous Training: __/__/____

Date Of Previous Certification: __/__/____

Supervisor First Name:

Supervisor Last Name:

Supervisor Title:

Supervisor Email:

Supervisor Phone: (___)___-____

First Name	Middle Name	Last Name	Title	Email	Phone	Trainer First Name	Trainer Last Name	Trainer User ID	Training
[redacted]				[redacted]					[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]					[redacted]
[redacted]		[redacted]	[redacted]	[redacted]					[redacted]

Select the User

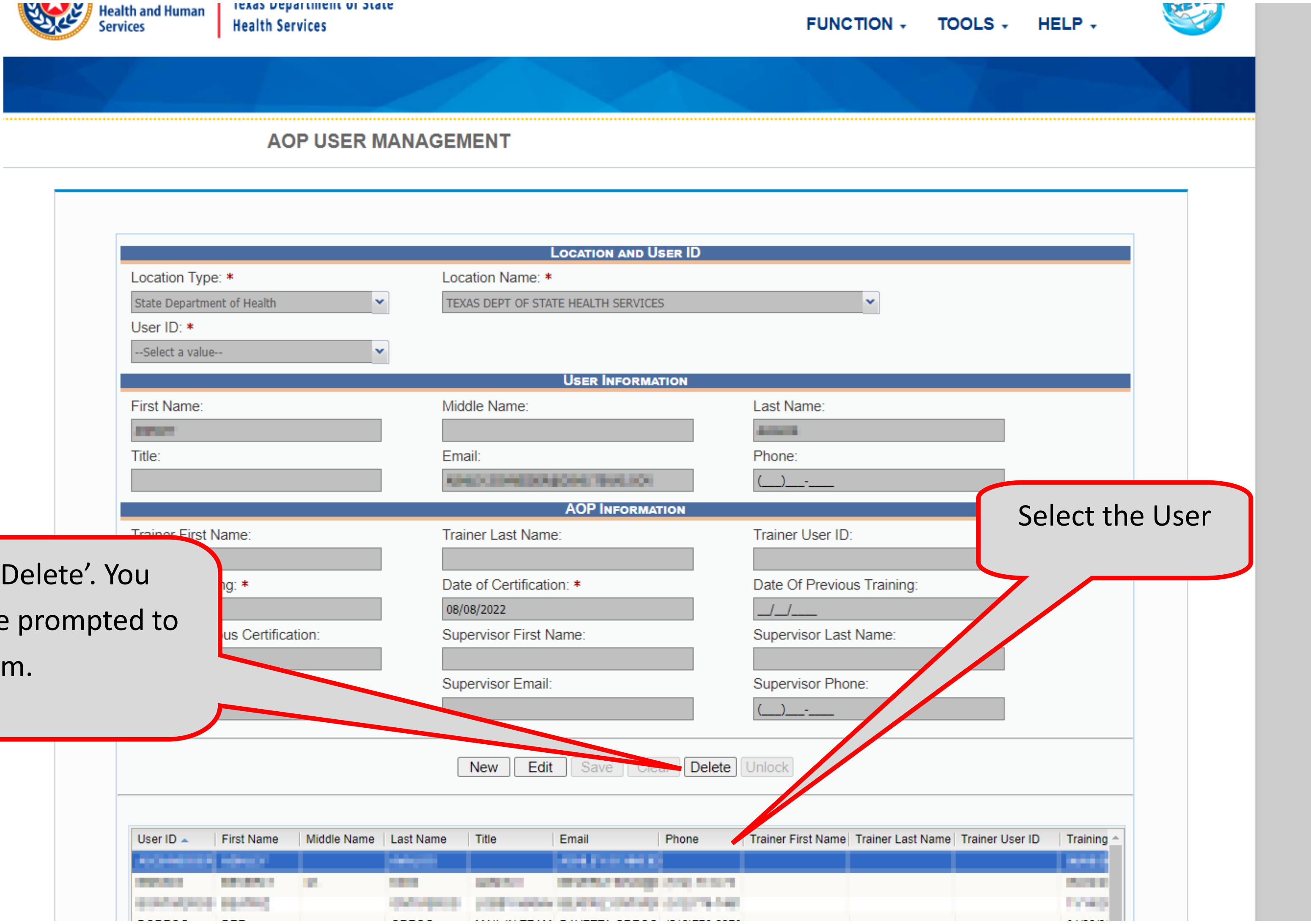
- Edit
- Update fields
- Save

8. Delete the Active Entry of a Former Employee

Search for User > Edit > Save

Select Location Type and Location Name. At the bottom you will see all of the users.

Select the user you wish to update. Click “Edit”; update the dates and click “Save”.


Health and Human Services
Texas Department of State Health Services
FUNCTION
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AOP USER MANAGEMENT
Location and User ID
User Information
AOP Information
New
Edit
Save
Clear
Delete
Unlock

Location Type: * State Department of Health

Location Name: * TEXAS DEPT OF STATE HEALTH SERVICES

User ID: * --Select a value--

First Name: [redacted]

Middle Name:

Last Name: [redacted]

Title:

Email: [redacted]

Phone: (___)___-____

Trainer First Name:

Trainer Last Name:

Trainer User ID:

Date of Training: *

Date of Certification: * 08/08/2022

Date Of Previous Training: __/__/____

Previous Certification:

Supervisor First Name:

Supervisor Last Name:

Supervisor Email:

Supervisor Phone: (___)___-____

User ID	First Name	Middle Name	Last Name	Title	Email	Phone	Trainer First Name	Trainer Last Name	Trainer User ID	Training
[redacted]	[redacted]		[redacted]		[redacted]					[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]				[redacted]
[redacted]	[redacted]		[redacted]	[redacted]	[redacted]	[redacted]				[redacted]

Click ‘Delete’. You will be prompted to confirm.

Select the User

AOP Registration User Guide:
View AOP (OAG)

TxEVER AOP Checklist: View AOP

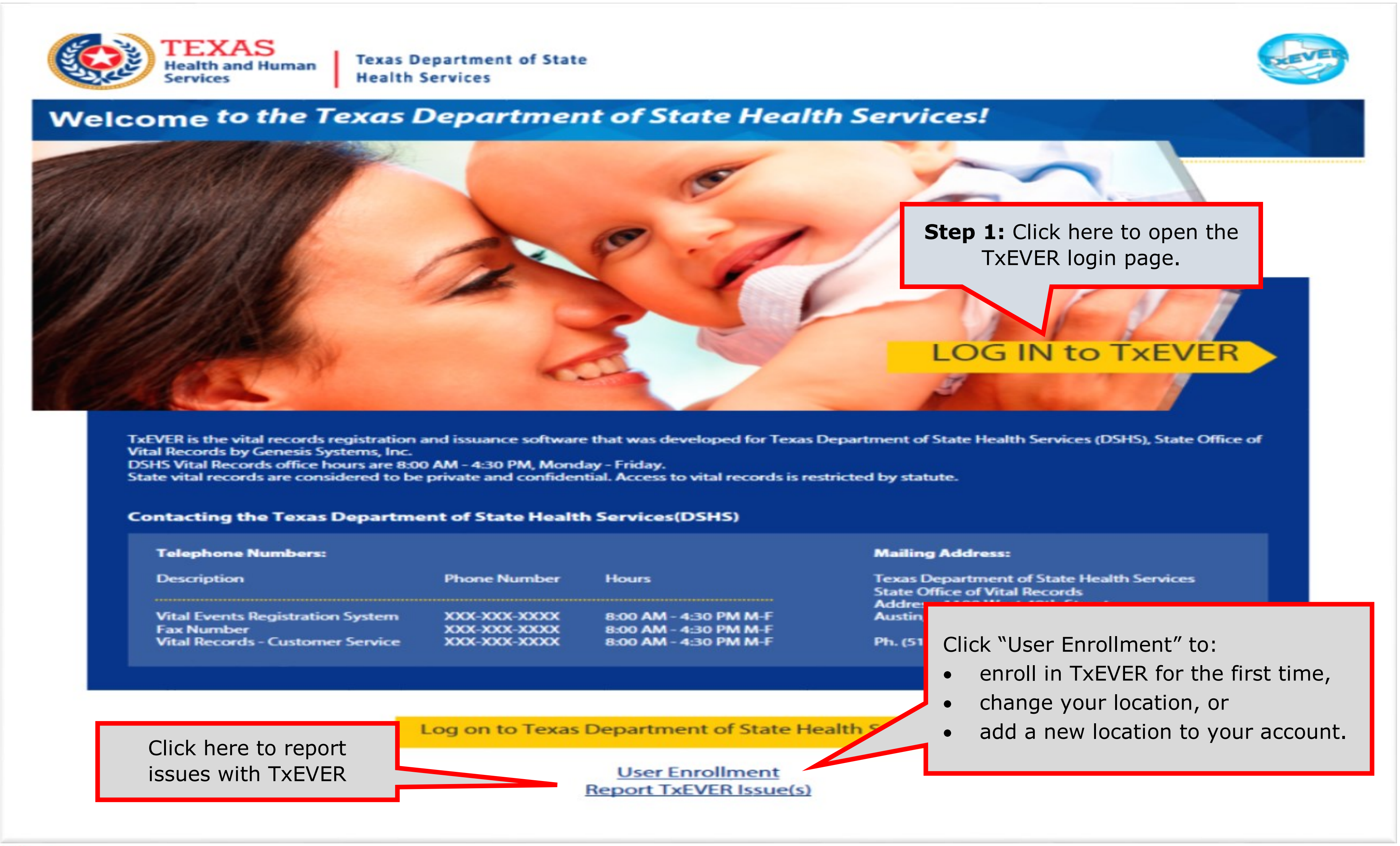
☐ 1. Login and go to View AOP
☐ 2. Search for an AOP
  a. "Search for Birth Records" to find AOPs **attached** to birth records.
  b. "Search for Completed AOPs Not Attached to Births" to find AOPs **not attached** to birth records.
☐ 3. Print the AOP (From Where = "B")

Helpful
Tips

Use this checklist when viewing an AOP (OAG or State users only).

1. Login and go to View AOP

Log into TxEVER via the web https://txever.dshs.texas.gov/TxEverUI/Welcome.htm



TEXAS
Health and Human Services
Texas Department of State Health Services
TXEVER

Welcome to the Texas Department of State Health Services!

LOG IN to TxEVER

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:

Description	Phone Number	Hours
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F

Mailing Address:

Texas Department of State Health Services
State Office of Vital Records
Addre
Austin

Ph. (51

Log on to Texas Department of State Health S
User Enrollment
Report TxEVER Issue(s)

Step 1: Click here to open the TxEVER login page.

Click "User Enrollment" to:

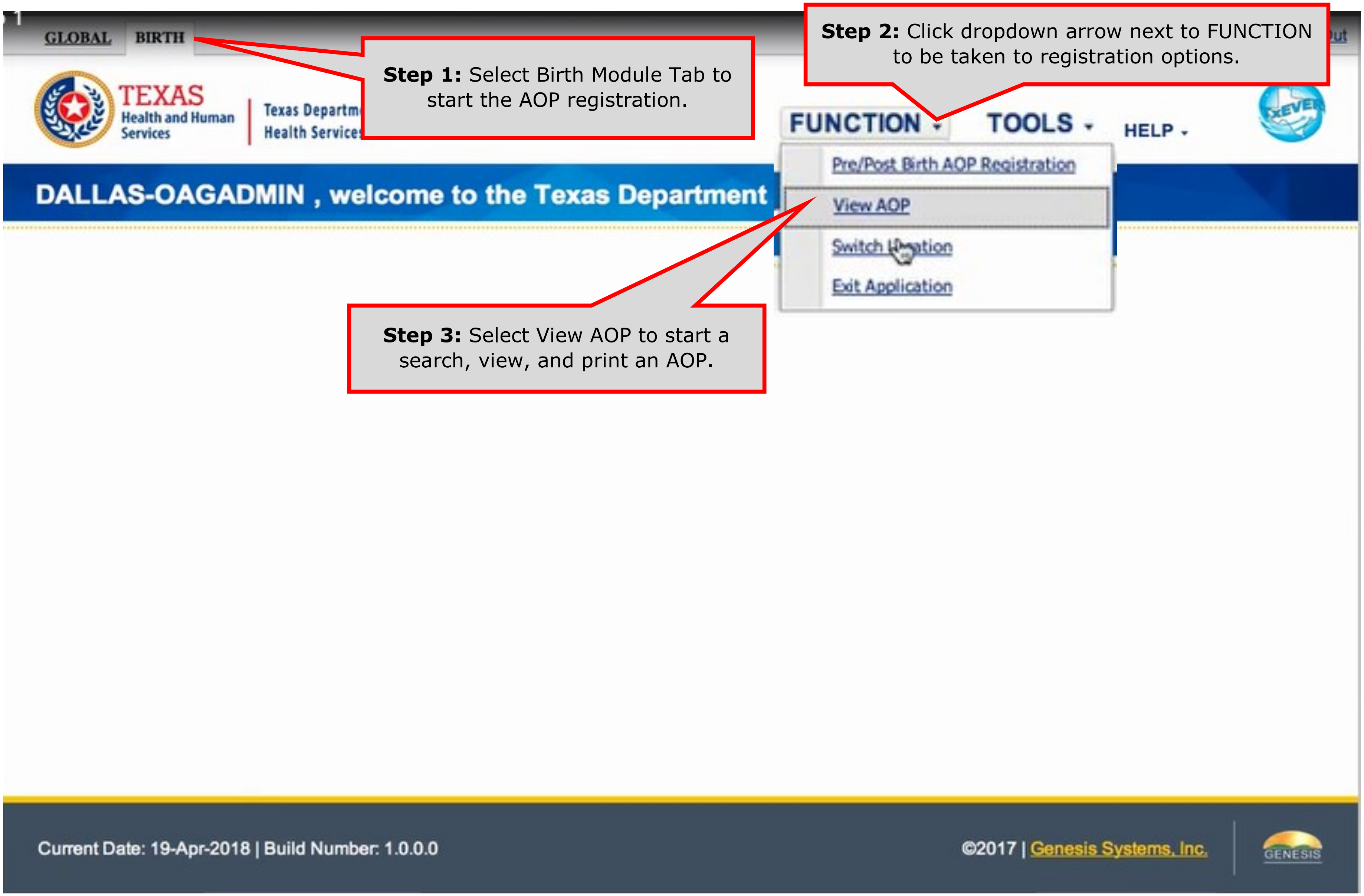
- enroll in TxEVER for the first time,
- change your location, or
- add a new location to your account.

Click here to report issues with TxEVER

Helpful Tips

You can also contact the TxEVER Local Administrator of your facility to create an account for you in TxEVER. You can also send an email to the TxEVER Help Desk from within TxEVER.

1. Login and go to View AOP


GLOBAL
BIRTH
TEXAS Health and Human Services
Texas Departm
Health Service
FUNCTION
TOOLS
HELP
Pre/Post Birth AOP Registration
View AOP
Switch Location
Exit Application
DALLAS-OAGADMIN , welcome to the Texas Department
Current Date: 19-Apr-2018 | Build Number: 1.0.0.0
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GENESIS

Step 1: Select Birth Module Tab to start the AOP registration.

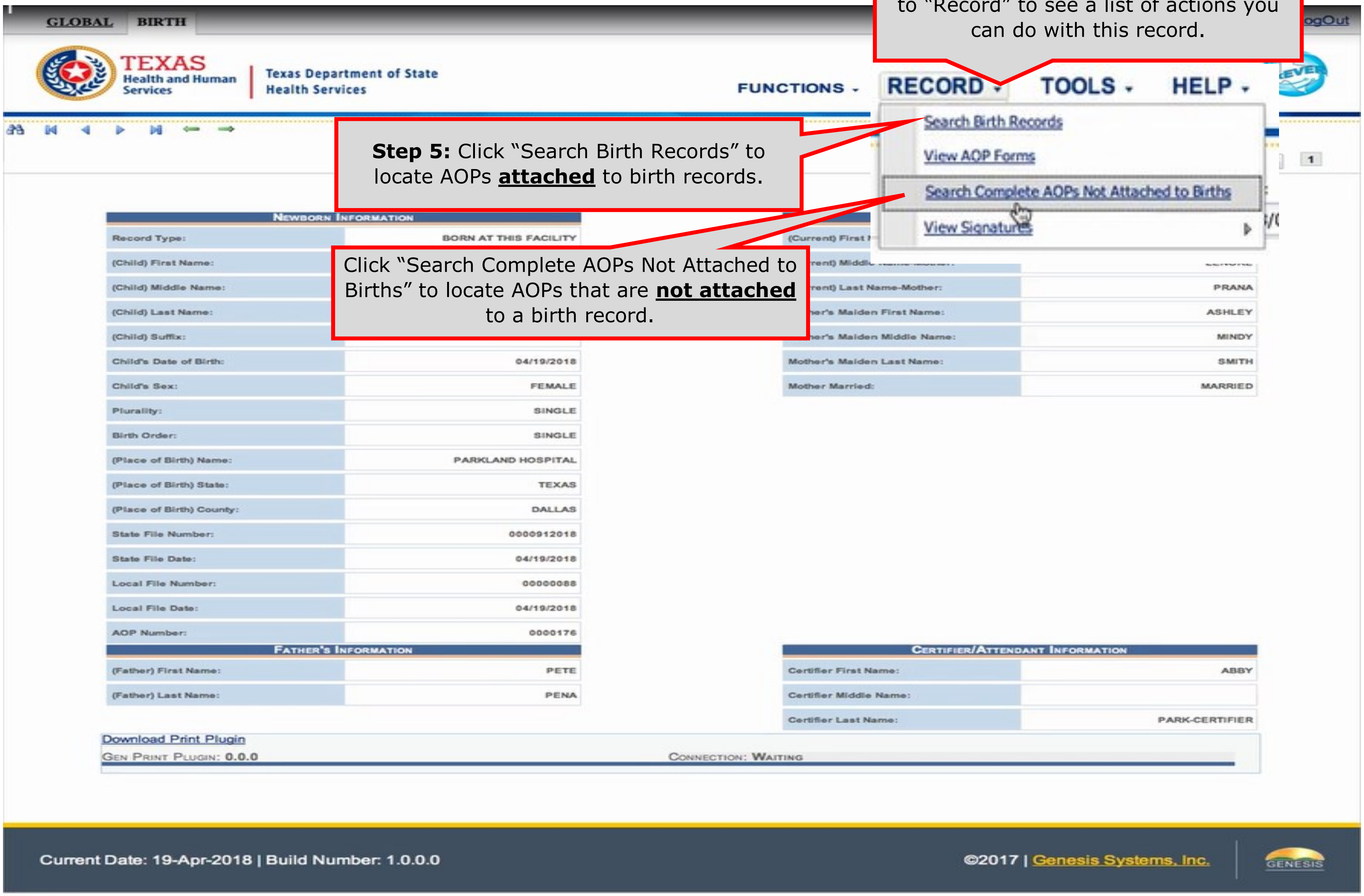
Step 2: Click dropdown arrow next to FUNCTION to be taken to registration options.

Step 3: Select View AOP to start a search, view, and print an AOP.

Helpful Tips

2. Search for an AOP

Step 4: Click the dropdown arrow next to “Record” to see a list of actions you can do with this record.


GLOBAL
BIRTH
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
Search Birth Records
View AOP Forms
Search Complete AOPs Not Attached to Births
View Signatures
Download Print Plugin
GEN PRINT PLUGIN: 0.0.0
CONNECTION: WAITING

NEWBORN INFORMATION

Record Type:	BORN AT THIS FACILITY
(Child) First Name:	
(Child) Middle Name:	
(Child) Last Name:	
(Child) Suffix:	
Child's Date of Birth:	04/19/2018
Child's Sex:	FEMALE
Plurality:	SINGLE
Birth Order:	SINGLE
(Place of Birth) Name:	PARKLAND HOSPITAL
(Place of Birth) State:	TEXAS
(Place of Birth) County:	DALLAS
State File Number:	0000912018
State File Date:	04/19/2018
Local File Number:	00000088
Local File Date:	04/19/2018
AOP Number:	0000176

FATHER'S INFORMATION

(Father) First Name:	PETE
(Father) Last Name:	PENA

(Current) First	
rent) Middle	
rent) Last Name-Mother:	PRANA
her's Maiden First Name:	ASHLEY
her's Maiden Middle Name:	MINDY
Mother's Maiden Last Name:	SMITH
Mother Married:	MARRIED

CERTIFIER/ATTENDANT INFORMATION

Certifier First Name:	ABBY
Certifier Middle Name:	
Certifier Last Name:	PARK-CERTIFIER

Current Date: 19-Apr-2018 | Build Number: 1.0.0.0

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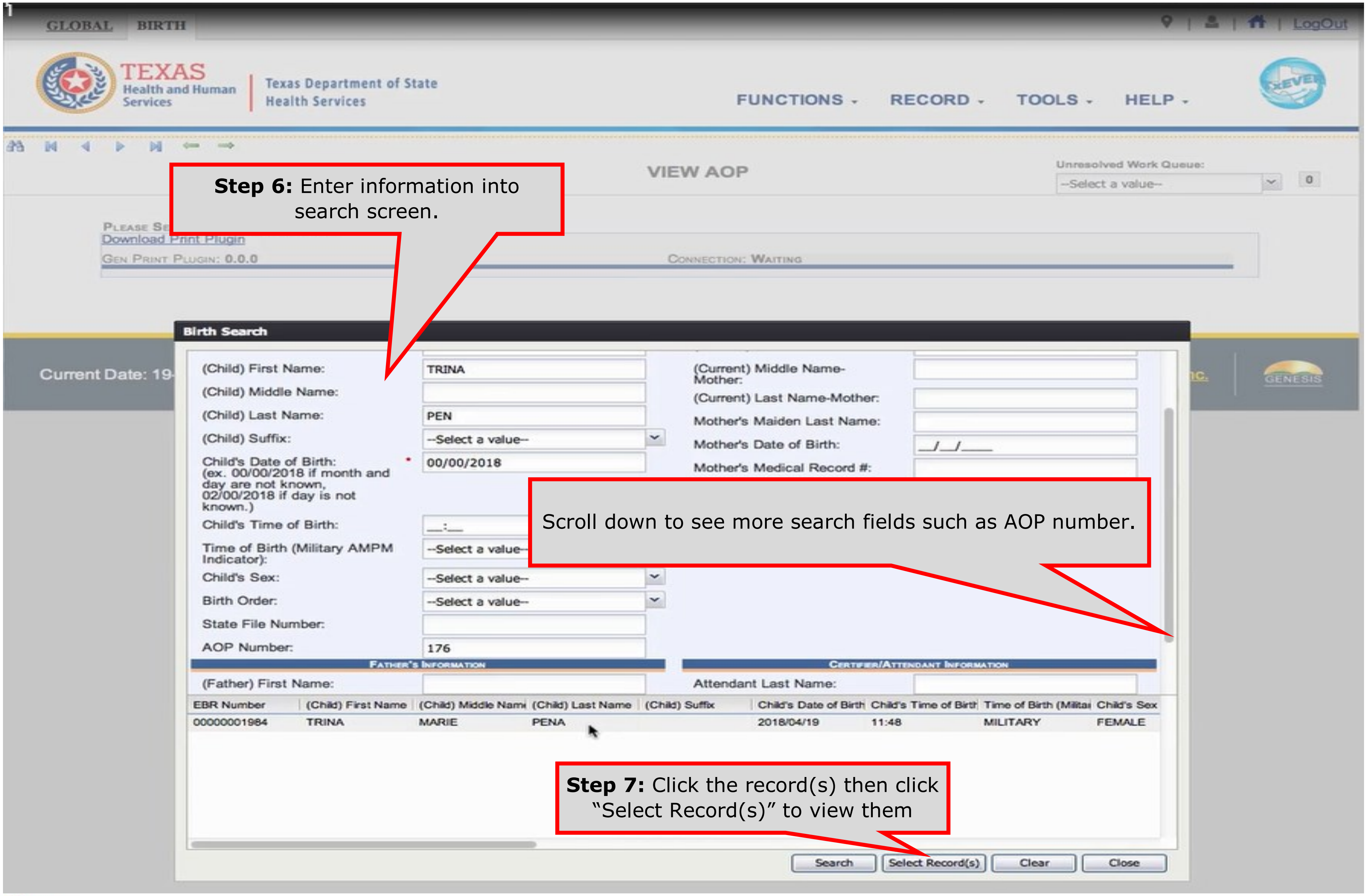
Step 5: Click “Search Birth Records” to locate AOPs **attached** to birth records.

Click “Search Complete AOPs Not Attached to Births” to locate AOPs that are **not attached** to a birth record.

Helpful Tips

The binoculars icon has the same function as the “Search Birth Records” option.

2. Search for an AOP


GLOBAL
BIRTH
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TXEVER
VIEW AOP
Unresolved Work Queue:
--Select a value--
0
Download Print Plugin
Gen Print Plugin: 0.0.0
Connection: Waiting
Current Date: 19
GENESIS
Birth Search

Step 6: Enter information into search screen.

(Child) First Name: TRINA
(Child) Middle Name:
(Child) Last Name: PEN
(Child) Suffix: --Select a value--
Child's Date of Birth: (ex. 00/00/2018 if month and day are not known, 02/00/2018 if day is not known.) 00/00/2018
Child's Time of Birth: __:__
Time of Birth (Military AMPM Indicator): --Select a value--
Child's Sex: --Select a value--
Birth Order: --Select a value--
State File Number:
AOP Number: 176
(Current) Middle Name-Mother:
(Current) Last Name-Mother:
Mother's Maiden Last Name:
Mother's Date of Birth: __/__/____
Mother's Medical Record #:

Father's Information

(Father) First Name:

Certifier/Attendant Information

Attendant Last Name:

Scroll down to see more search fields such as AOP number.

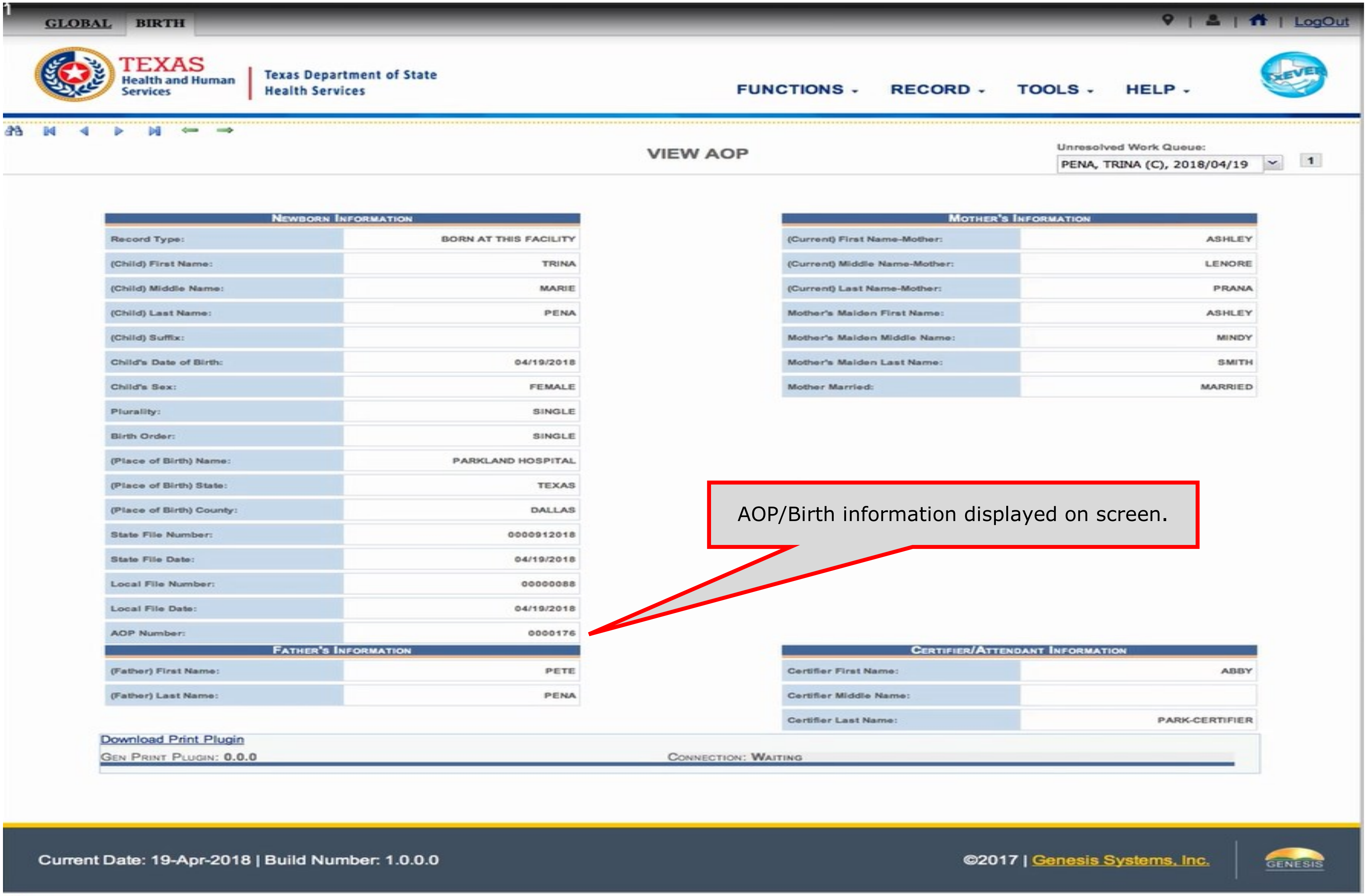
EBR Number	(Child) First Name	(Child) Middle Name	(Child) Last Name	(Child) Suffix	Child's Date of Birth	Child's Time of Birth	Time of Birth (Militar	Child's Sex
00000001984	TRINA	MARIE	PENA		2018/04/19	11:48	MILITARY	FEMALE

Step 7: Click the record(s) then click "Select Record(s)" to view them

Search
Select Record(s)
Clear
Close

Helpful Tips

Hold down the SHIFT or CTRL keys to select multiple records.


GLOBAL
BIRTH
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER

VIEW AOP

Unresolved Work Queue: PENA, TRINA (C), 2018/04/19

NEWBORN INFORMATION	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	TRINA
(Child) Middle Name:	MARIE
(Child) Last Name:	PENA
(Child) Suffix:	
Child's Date of Birth:	04/19/2018
Child's Sex:	FEMALE
Plurality:	SINGLE
Birth Order:	SINGLE
(Place of Birth) Name:	PARKLAND HOSPITAL
(Place of Birth) State:	TEXAS
(Place of Birth) County:	DALLAS
State File Number:	0000912018
State File Date:	04/19/2018
Local File Number:	00000088
Local File Date:	04/19/2018
AOP Number:	0000176

MOTHER'S INFORMATION	
(Current) First Name-Mother:	ASHLEY
(Current) Middle Name-Mother:	LENORE
(Current) Last Name-Mother:	PRANA
Mother's Maiden First Name:	ASHLEY
Mother's Maiden Middle Name:	MINDY
Mother's Maiden Last Name:	SMITH
Mother Married:	MARRIED

AOP/Birth information displayed on screen.

FATHER'S INFORMATION	
(Father) First Name:	PETE
(Father) Last Name:	PENA

CERTIFIER/ATTENDANT INFORMATION	
Certifier First Name:	ABBY
Certifier Middle Name:	
Certifier Last Name:	PARK-CERTIFIER

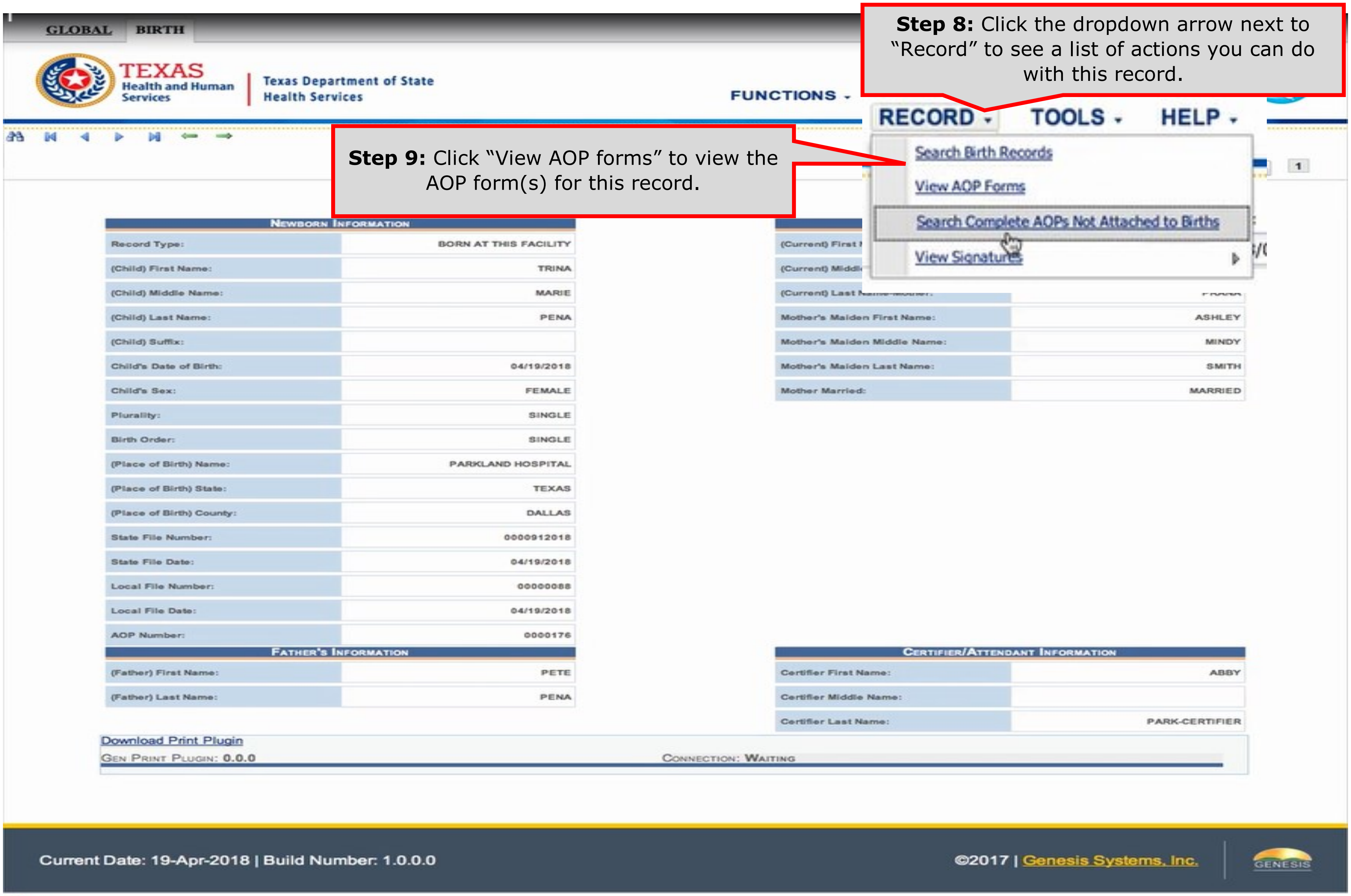
Download Print Plugin

GEN PRINT PLUGIN: 0.0.0 CONNECTION: WAITING

Current Date: 19-Apr-2018 | Build Number: 1.0.0.0 ©2017 | Genesis Systems, Inc.

Helpful Tips

3. Print the AOP (From Where = “B”)


GLOBAL
BIRTH
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
Search Birth Records
View AOP Forms
Search Complete AOPs Not Attached to Births
View Signatures
1

Step 8: Click the dropdown arrow next to “Record” to see a list of actions you can do with this record.

Step 9: Click “View AOP forms” to view the AOP form(s) for this record.

Newborn Information	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	TRINA
(Child) Middle Name:	MARIE
(Child) Last Name:	PENA
(Child) Suffix:	
Child's Date of Birth:	04/19/2018
Child's Sex:	FEMALE
Plurality:	SINGLE
Birth Order:	SINGLE
(Place of Birth) Name:	PARKLAND HOSPITAL
(Place of Birth) State:	TEXAS
(Place of Birth) County:	DALLAS
State File Number:	0000912018
State File Date:	04/19/2018
Local File Number:	00000088
Local File Date:	04/19/2018
AOP Number:	0000176

(Current) First	
(Current) Middl	
(Current) Last	
Mother's Maiden First Name:	ASHLEY
Mother's Maiden Middle Name:	MINDY
Mother's Maiden Last Name:	SMITH
Mother Married:	MARRIED

Father's Information	
(Father) First Name:	PETE
(Father) Last Name:	PENA

Certifier/Attendant Information	
Certifier First Name:	ABBY
Certifier Middle Name:	
Certifier Last Name:	PARK-CERTIFIER

Download Print Plugin

Gen Print Plugin: 0.0.0

Connection: Waiting

Current Date: 19-Apr-2018 | Build Number: 1.0.0.0

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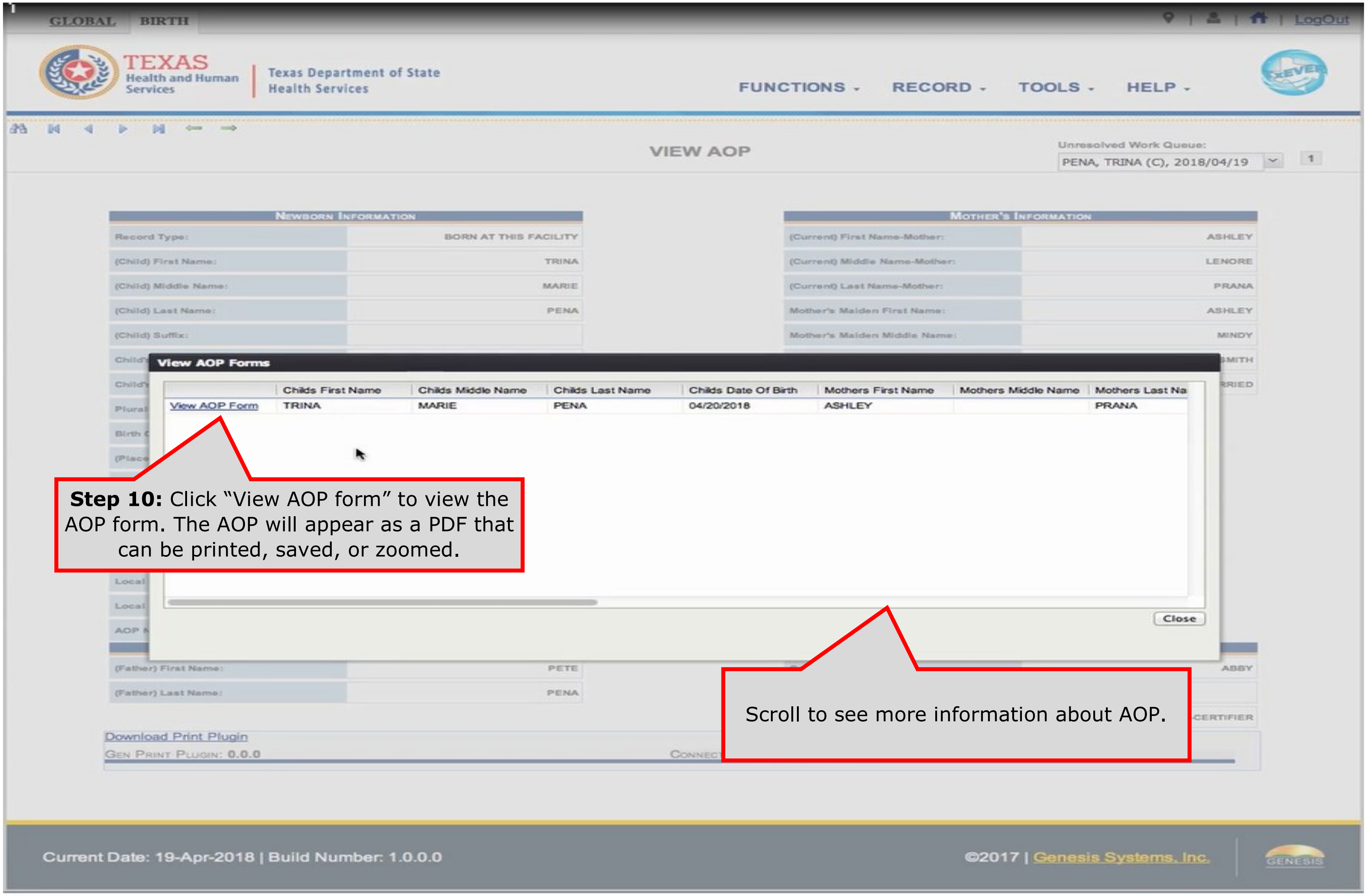
Helpful Tips

3. Print the AOP (From Where = "B")


GLOBAL
BIRTH
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER

VIEW AOP

Unresolved Work Queue: PENA, TRINA (C), 2018/04/19

Newborn Information	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	TRINA
(Child) Middle Name:	MARIE
(Child) Last Name:	PENA
(Child) Suffix:	

Mother's Information	
(Current) First Name-Mother:	ASHLEY
(Current) Middle Name-Mother:	LENORE
(Current) Last Name-Mother:	PRANA
Mother's Maiden First Name:	ASHLEY
Mother's Maiden Middle Name:	MINDY

View AOP Forms

	Childs First Name	Childs Middle Name	Childs Last Name	Childs Date Of Birth	Mothers First Name	Mothers Middle Name	Mothers Last Na
View AOP Form	TRINA	MARIE	PENA	04/20/2018	ASHLEY		PRANA

(Father) First Name:	PETE
(Father) Last Name:	PENA

Download Print Plugin
GEN PRINT PLUGIN: 0.0.0

Current Date: 19-Apr-2018 | Build Number: 1.0.0.0

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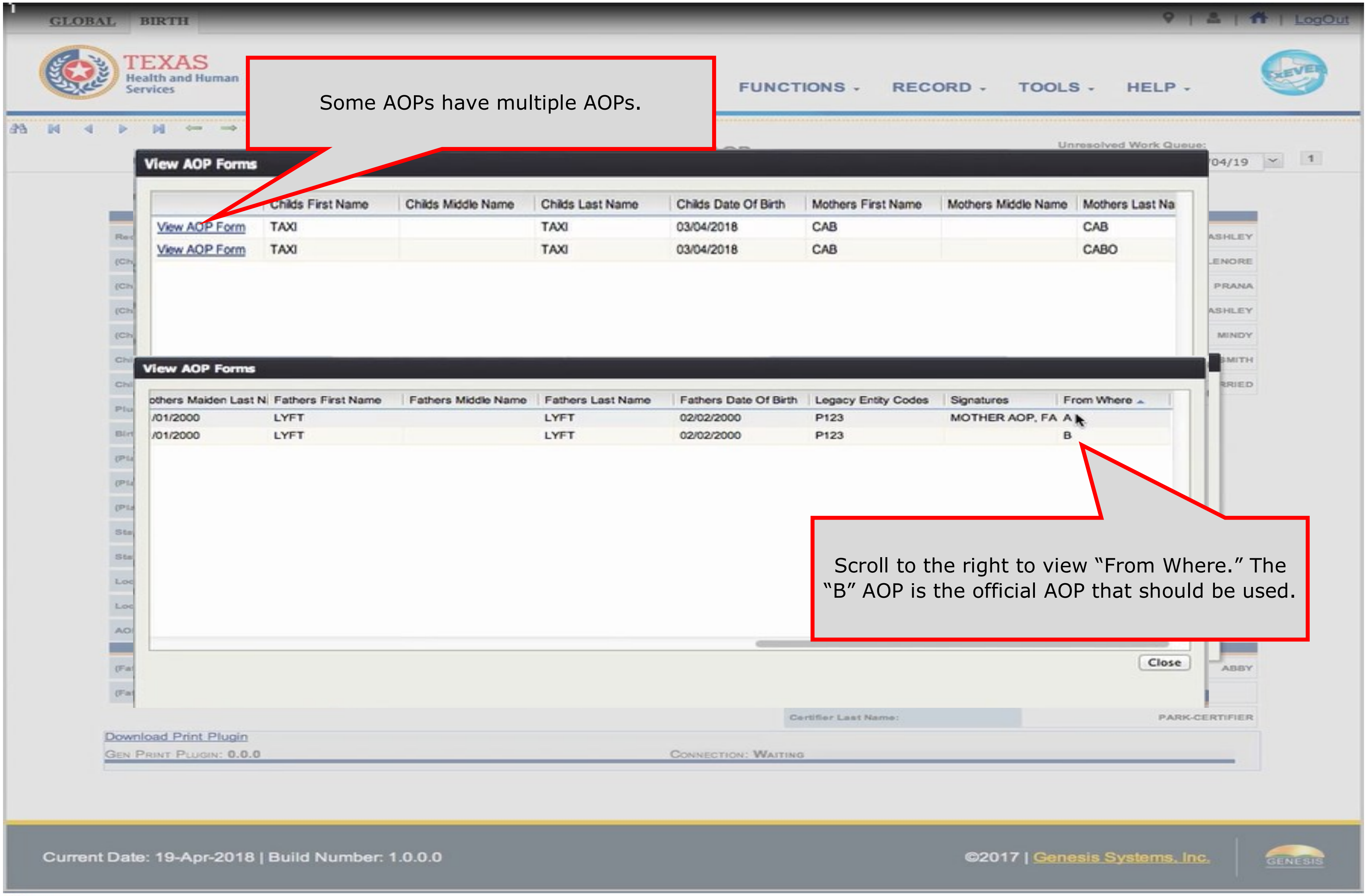
Step 10: Click "View AOP form" to view the AOP form. The AOP will appear as a PDF that can be printed, saved, or zoomed.

Scroll to see more information about AOP.

Helpful Tips

Columns can be adjusted so that more information is hidden/visible. See page 43.

3. Print the AOP (From Where = "B")


GLOBAL
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RECORD
TOOLS
HELP
TxEVER
Unresolved Work Queue:
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Download Print Plugin
Gen Print Plugin: 0.0.0
Connection: Waiting
Certifier Last Name:
PARK-CERTIFIER
Current Date: 19-Apr-2018 | Build Number: 1.0.0.0
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GENESIS

Some AOPs have multiple AOPs.

View AOP Forms

	Childs First Name	Childs Middle Name	Childs Last Name	Childs Date Of Birth	Mothers First Name	Mothers Middle Name	Mothers Last Na
View AOP Form	TAXI		TAXI	03/04/2018	CAB		CAB
View AOP Form	TAXI		TAXI	03/04/2018	CAB		CABO

View AOP Forms

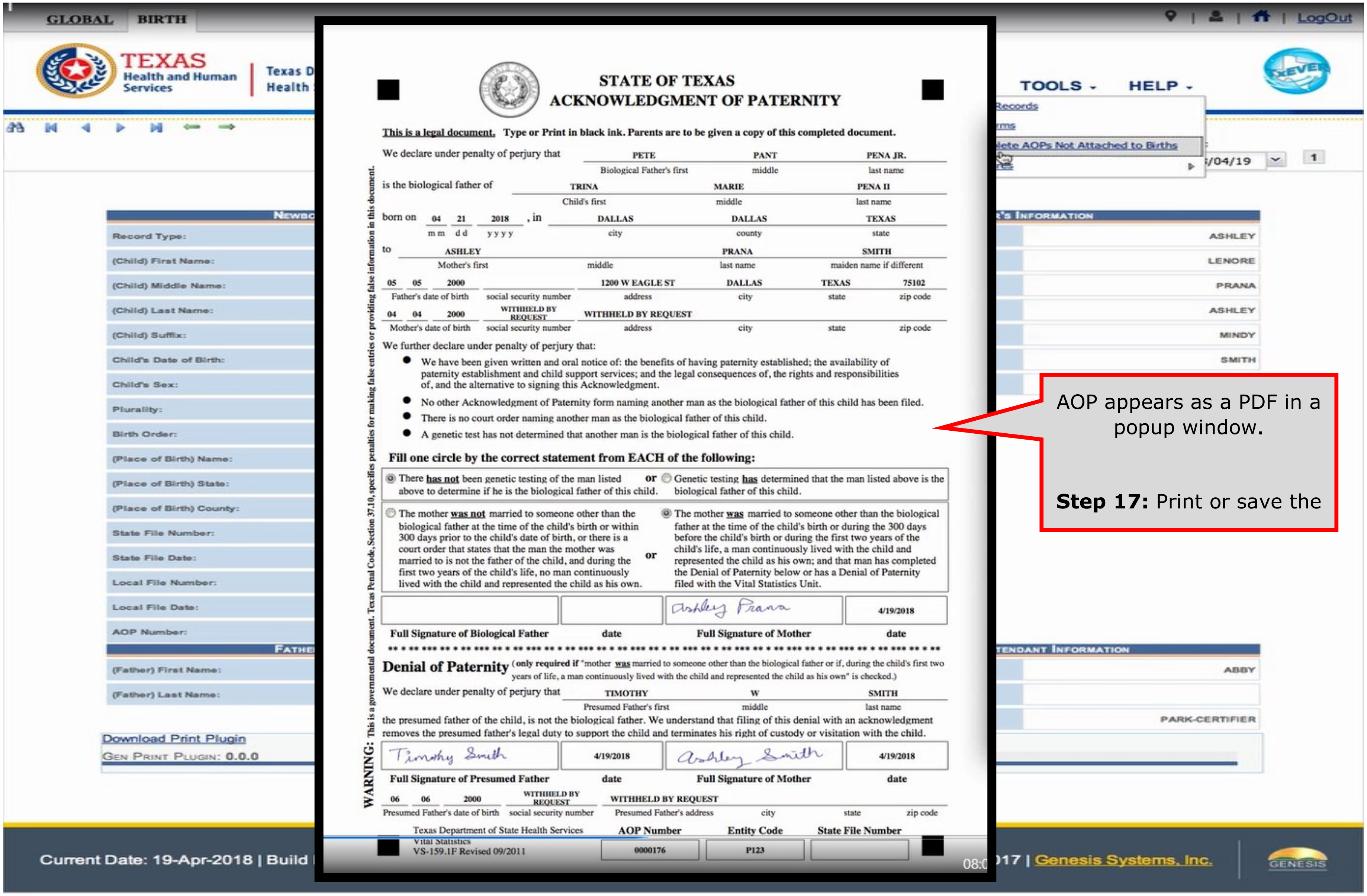
others Maiden Last N	Fathers First Name	Fathers Middle Name	Fathers Last Name	Fathers Date Of Birth	Legacy Entity Codes	Signatures	From Where
/01/2000	LYFT		LYFT	02/02/2000	P123	MOTHER AOP, FA	A
/01/2000	LYFT		LYFT	02/02/2000	P123		B

Scroll to the right to view "From Where." The "B" AOP is the official AOP that should be used.

Helpful Tips

The "B" AOP is the official AOP that should be used. It contains the final AOP information that was released to the Texas Vital Statistics Section.

3. Print the AOP (From Where = “B”)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1
Newbo
Record Type:
(Child) First Name:
(Child) Middle Name:
(Child) Last Name:
(Child) Suffix:
Child's Date of Birth:
Child's Sex:
Plurality:
Birth Order:
(Place of Birth) Name:
(Place of Birth) State:
(Place of Birth) County:
State File Number:
State File Date:
Local File Number:
Local File Date:
AOP Number:
Fathe
(Father) First Name:
(Father) Last Name:
Download Print Plugin
Gen Print Plugin: 0.0.0
's Information
ASHLEY
LENORE
PRANA
ASHLEY
MINDY
SMITH
tendant Information
ABBY
PARK-CERTIFIER
Current Date: 19-Apr-2018 | Build
08:0
017 | Genesis Systems, Inc.
GENESIS

STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

This is a legal document. **Type or Print in black ink. Parents are to be given a copy of this completed document.**

We declare under penalty of perjury that PETE (Biological Father's first) PANT (middle) PENA JR. (last name)

is the biological father of TRINA (Child's first) MARIE (middle) PENA II (last name)

born on 04 (m m) 21 (d d) 2018 (y y y y), in DALLAS (city) DALLAS (county) TEXAS (state)

to ASHLEY (Mother's first) (middle) PRANA (last name) SMITH (maiden name if different)

05 05 2000 (Father's date of birth) (social security number) 1200 W EAGLE ST (address) DALLAS (city) TEXAS (state) 75102 (zip code)

04 04 2000 (Mother's date of birth) WITHHELD BY REQUEST (social security number) WITHHELD BY REQUEST (address) (city) (state) (zip code)

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- There is no court order naming another man as the biological father of this child.
- A genetic test has not determined that another man is the biological father of this child.

Fill one circle by the correct statement from EACH of the following:

● There has not been genetic testing of the man listed above to determine if he is the biological father of this child. **or** ○ Genetic testing has determined that the man listed above is the biological father of this child.

○ The mother was not married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **or** ● The mother was married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

		Ashley Prana	4/19/2018
Full Signature of Biological Father	**date**	**Full Signature of Mother**	**date**

** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * **

Denial of Paternity (**only required if** "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that TIMOTHY (Presumed Father's first) W (middle) SMITH (last name)

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

Timothy Smith	4/19/2018	Ashley Smith	4/19/2018
Full Signature of Presumed Father	**date**	**Full Signature of Mother**	**date**

06 06 2000 (Presumed Father's date of birth) WITHHELD BY REQUEST (social security number) WITHHELD BY REQUEST (Presumed Father's address) (city) (state) (zip code)

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

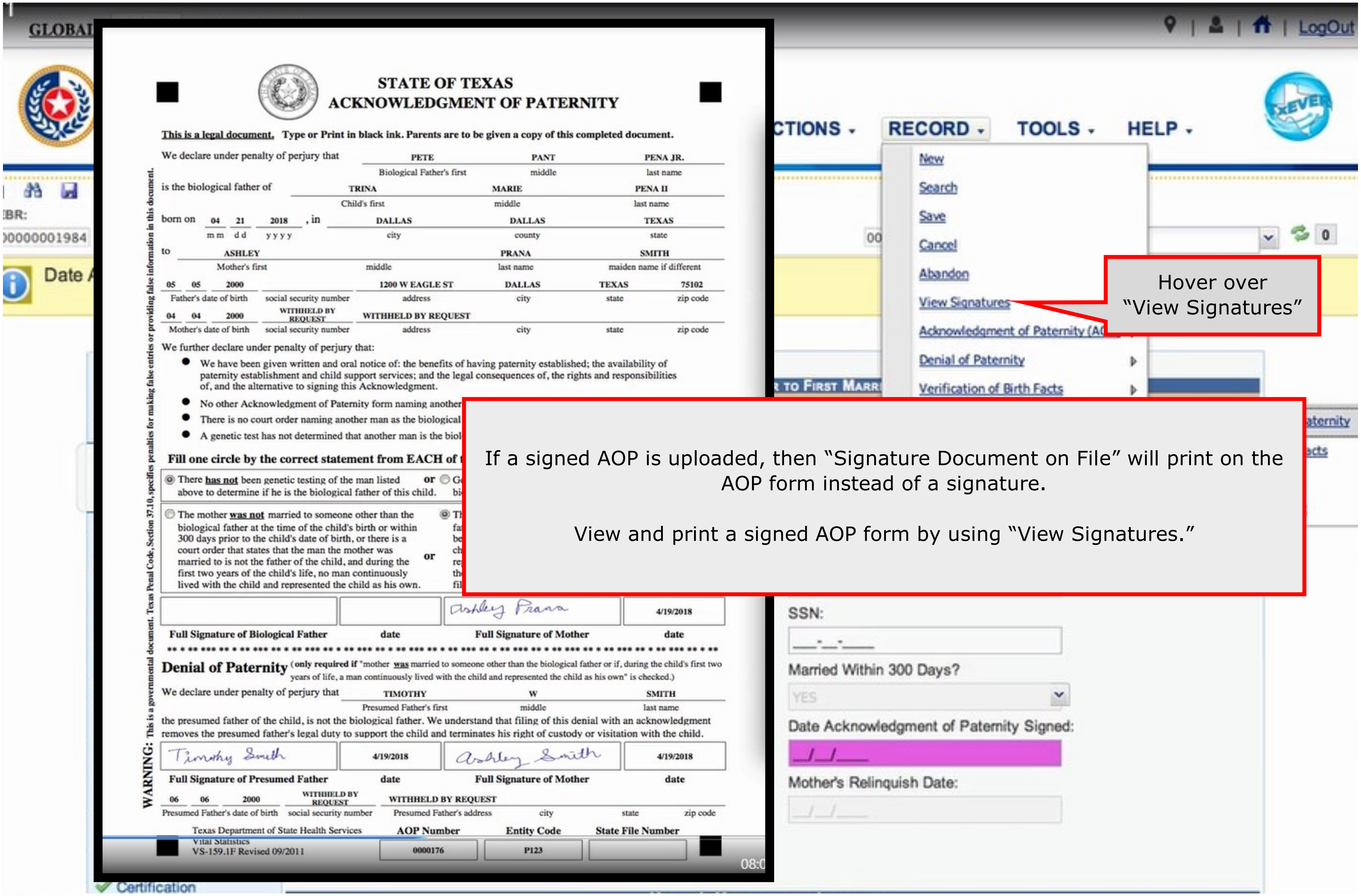
Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

AOP Number	Entity Code	State File Number
0000176	P123	

AOP appears as a PDF in a popup window.

Step 17: Print or save the

Helpful Tips



STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or Print in black ink. Parents are to be given a copy of this completed document.

We declare under penalty of perjury that PETE (Biological Father's first) PANT (middle) PENA JR. (last name)

is the biological father of TRINA (Child's first) MARIE (middle) PENA II (last name)

born on 04 (mm) 21 (dd) 2018 (yyyy), in DALLAS (city) DALLAS (county) TEXAS (state)

to ASHLEY (Mother's first) (middle) PRANA (last name) SMITH (maiden name if different)

05 05 2000 (Father's date of birth) (social security number) 1200 W EAGLE ST (address) DALLAS (city) TEXAS (state) 75102 (zip code)

04 04 2000 (Mother's date of birth) WITHHELD BY REQUEST (social security number) WITHHELD BY REQUEST (address) (city) (state) (zip code)

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another
- There is no court order naming another man as the biological
- A genetic test has not determined that another man is the biol

Fill one circle by the correct statement from EACH of t

● There **has not** been genetic testing of the man listed above to determine if he is the biological father of this child. **or** ○

○ The mother **was not** married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **or** ●

		Ashley Prana	4/19/2018
Full Signature of Biological Father	**date**	**Full Signature of Mother**	**date**

** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * **

Denial of Paternity (**only required if** "mother **was** married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that TIMOTHY (Presumed Father's first) W (middle) SMITH (last name)

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

Timothy Smith	4/19/2018	Ashley Smith	4/19/2018
Full Signature of Presumed Father	**date**	**Full Signature of Mother**	**date**

06 06 2000 (Presumed Father's date of birth) WITHHELD BY REQUEST (social security number) WITHHELD BY REQUEST (Presumed Father's address) (city) (state) (zip code)

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

AOP Number	Entity Code	State File Number
0000176	P123	

SSN: __-_-___

Married Within 300 Days? YES

Date Acknowledgment of Paternity Signed: _/_/___

Mother's Relinquish Date: _/_/___

Hover over “View Signatures”

If a signed AOP is uploaded, then “Signature Document on File” will print on the AOP form instead of a signature.

View and print a signed AOP form by using “View Signatures.”

Helpful Tips

View and print the signature for each signatory with “signature document on file.” You may need to print up to 4 different forms.

AOP Registration User Guide: State (VSS) AOP Registration

TxEVER AOP Checklist: State AOP Review

☐ 1. Login and go to State AOP Review

☐ 2. Open “AOPs Completed only on Paper” queue

☐ 3. Record —> “Print” the AOP

☐ 4. Look at the marital status boxes to see if it is a 2 or 3 party AOP

☐ 5. Verify that there are 2 signatures for a 2 party AOP or 4 signatures for 3 party AOP

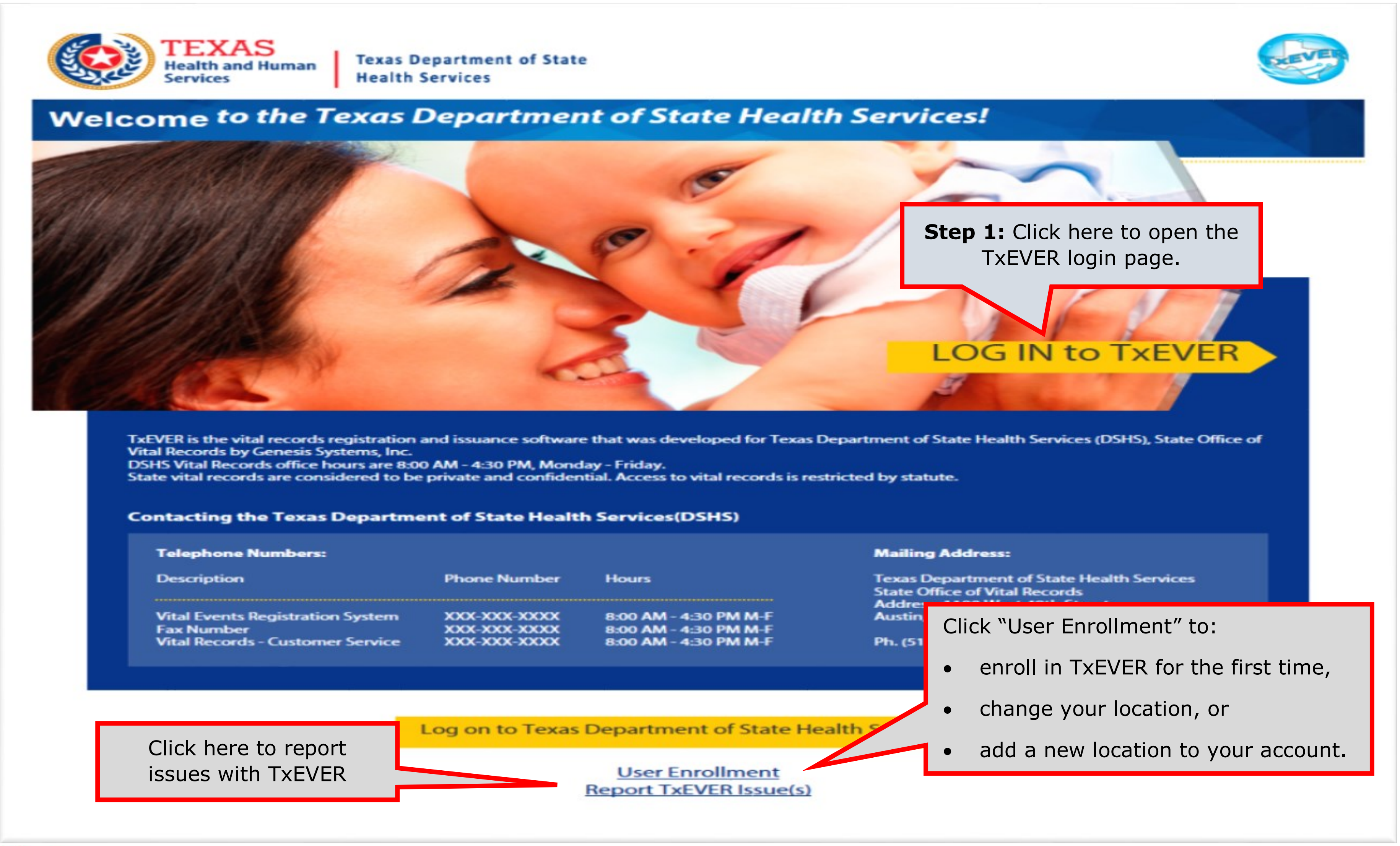
☐ 6. Click “Record —> Accept”

Helpful
Tips

Use this checklist when viewing an AOP (OAG or State users only).

1. Login and go to State AOP Review

Log into TxEVER via the web https://txever.dshs.texas.gov/TxEverUI/Welcome.htm


TEXAS
Health and Human Services
Texas Department of State Health Services
TXEVER
LOG IN to TxEVER
Log on to Texas Department of State Health S
User Enrollment
Report TxEVER Issue(s)

Welcome to the Texas Department of State Health Services!

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:

Description	Phone Number	Hours
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F

Mailing Address:

Texas Department of State Health Services
State Office of Vital Records
Addres
Austin

Ph. (51

Step 1: Click here to open the TxEVER login page.

Click "User Enrollment" to:

- enroll in TxEVER for the first time,
- change your location, or
- add a new location to your account.

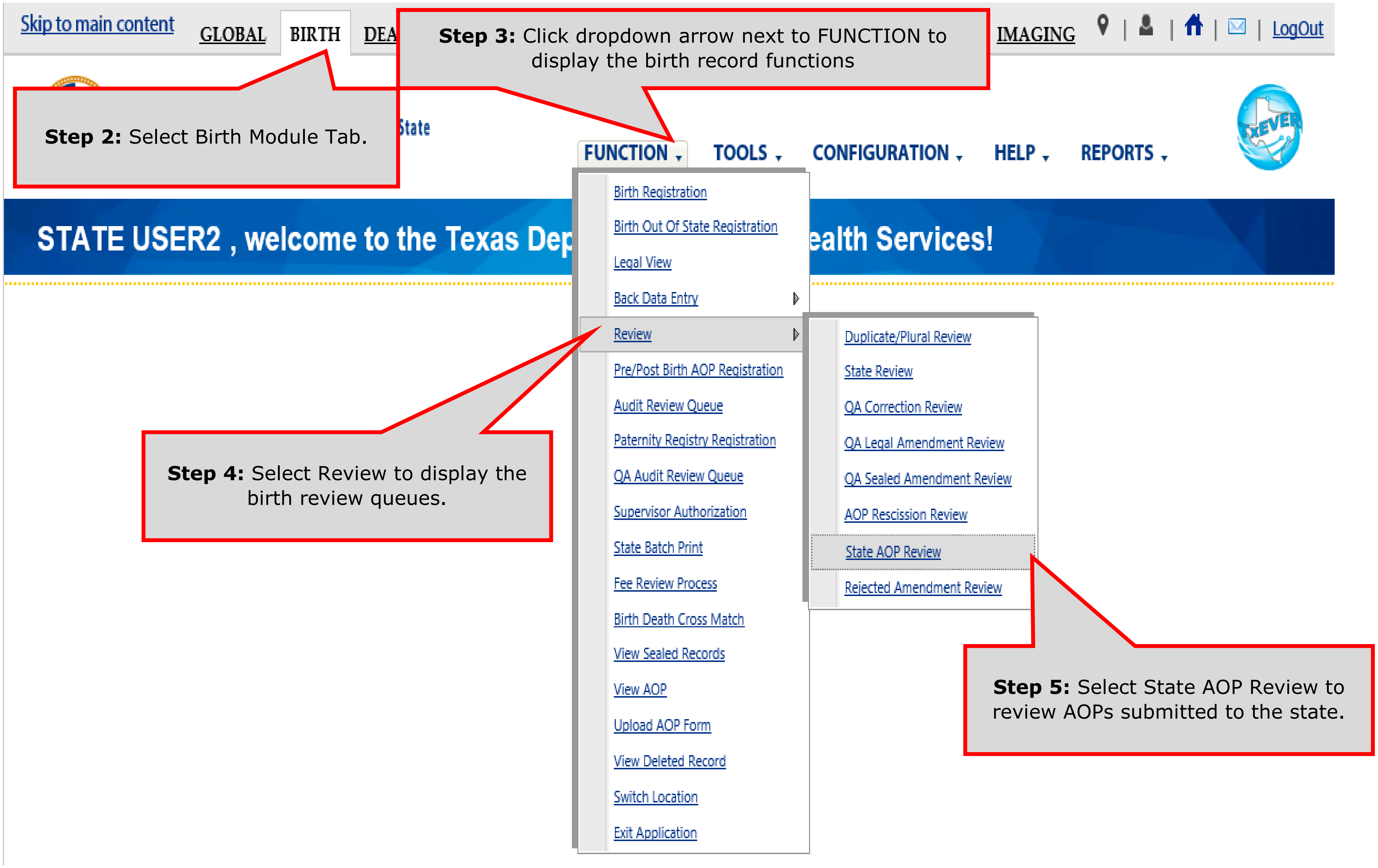
Click here to report issues with TxEVER

Helpful Tips

You can also contact the TxEVER Local Administrator of your facility to create an account for you in TxEVER.

You can also send an email to the TxEVER Help Desk from within TxEVER.

1. Login and go to State AOP Review


Skip to main content
GLOBAL
BIRTH
DEA
IMAGING
LogOut
State
FUNCTION
TOOLS
CONFIGURATION
HELP
REPORTS
TxEVER
STATE USER2 , welcome to the Texas Dep
ealth Services!
Birth Registration
Birth Out Of State Registration
Legal View
Back Data Entry
Review
Pre/Post Birth AOP Registration
Audit Review Queue
Paternity Registry Registration
QA Audit Review Queue
Supervisor Authorization
State Batch Print
Fee Review Process
Birth Death Cross Match
View Sealed Records
View AOP
Upload AOP Form
View Deleted Record
Switch Location
Exit Application
Duplicate/Plural Review
State Review
QA Correction Review
QA Legal Amendment Review
QA Sealed Amendment Review
AOP Rescission Review
State AOP Review
Rejected Amendment Review

Step 2: Select Birth Module Tab.

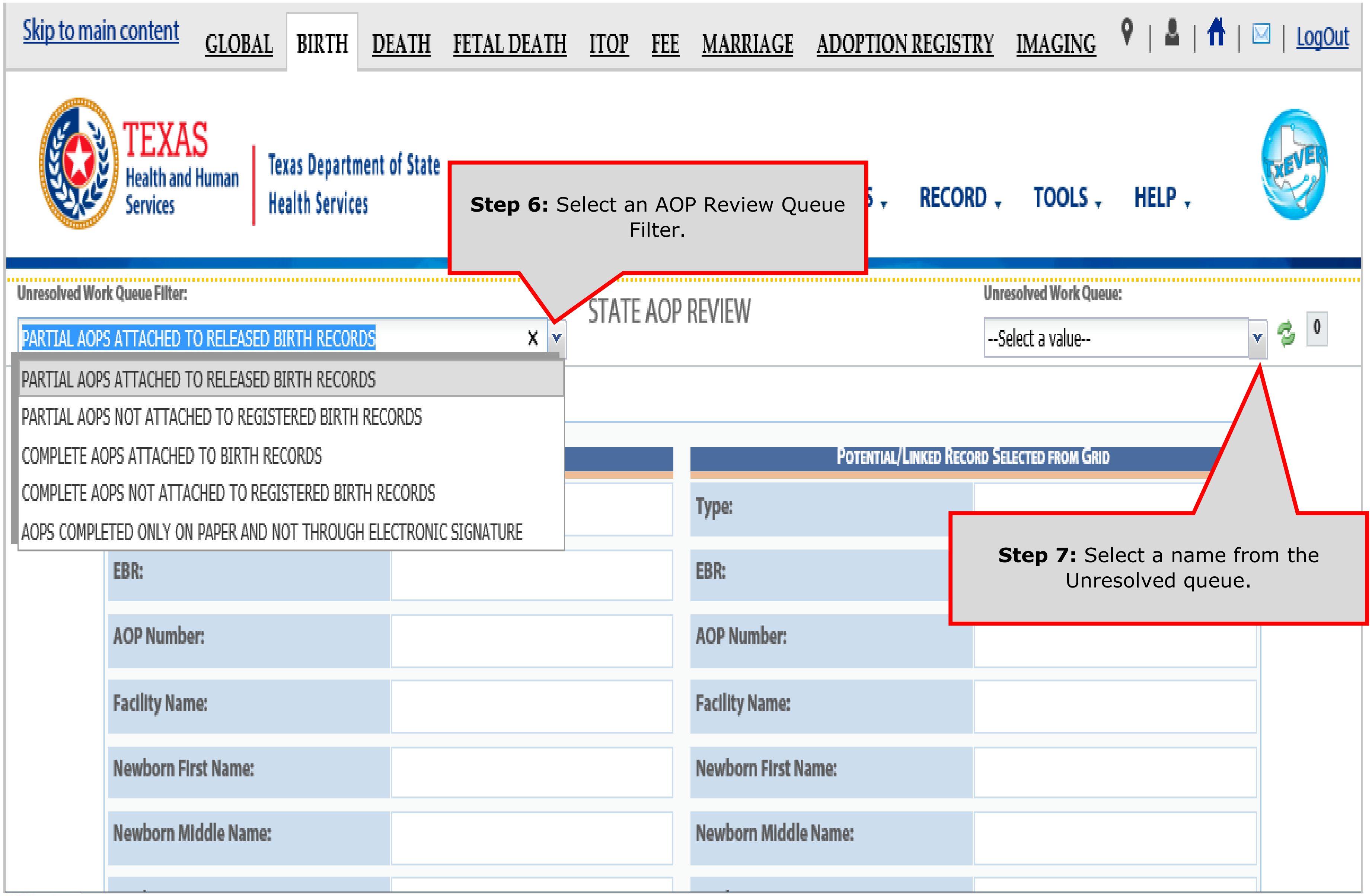
Step 3: Click dropdown arrow next to FUNCTION to display the birth record functions

Step 4: Select Review to display the birth review queues.

Step 5: Select State AOP Review to review AOPs submitted to the state.

Helpful Tips

State AOP Review Queues


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
RECORD
TOOLS
HELP
TxEVER
STATE AOP REVIEW
PARTIAL AOPS ATTACHED TO RELEASED BIRTH RECORDS
PARTIAL AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS
COMPLETE AOPS ATTACHED TO BIRTH RECORDS
COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS
AOPS COMPLETED ONLY ON PAPER AND NOT THROUGH ELECTRONIC SIGNATURE
0
POTENTIAL/LINKED RECORD SELECTED FROM GRID
Type:
EBR:
AOP Number:
Facility Name:
Newborn First Name:
Newborn Middle Name:

Unresolved Work Queue Filter: PARTIAL AOPS ATTACHED TO RELEASED BIRTH RECORDS

Unresolved Work Queue: --Select a value--

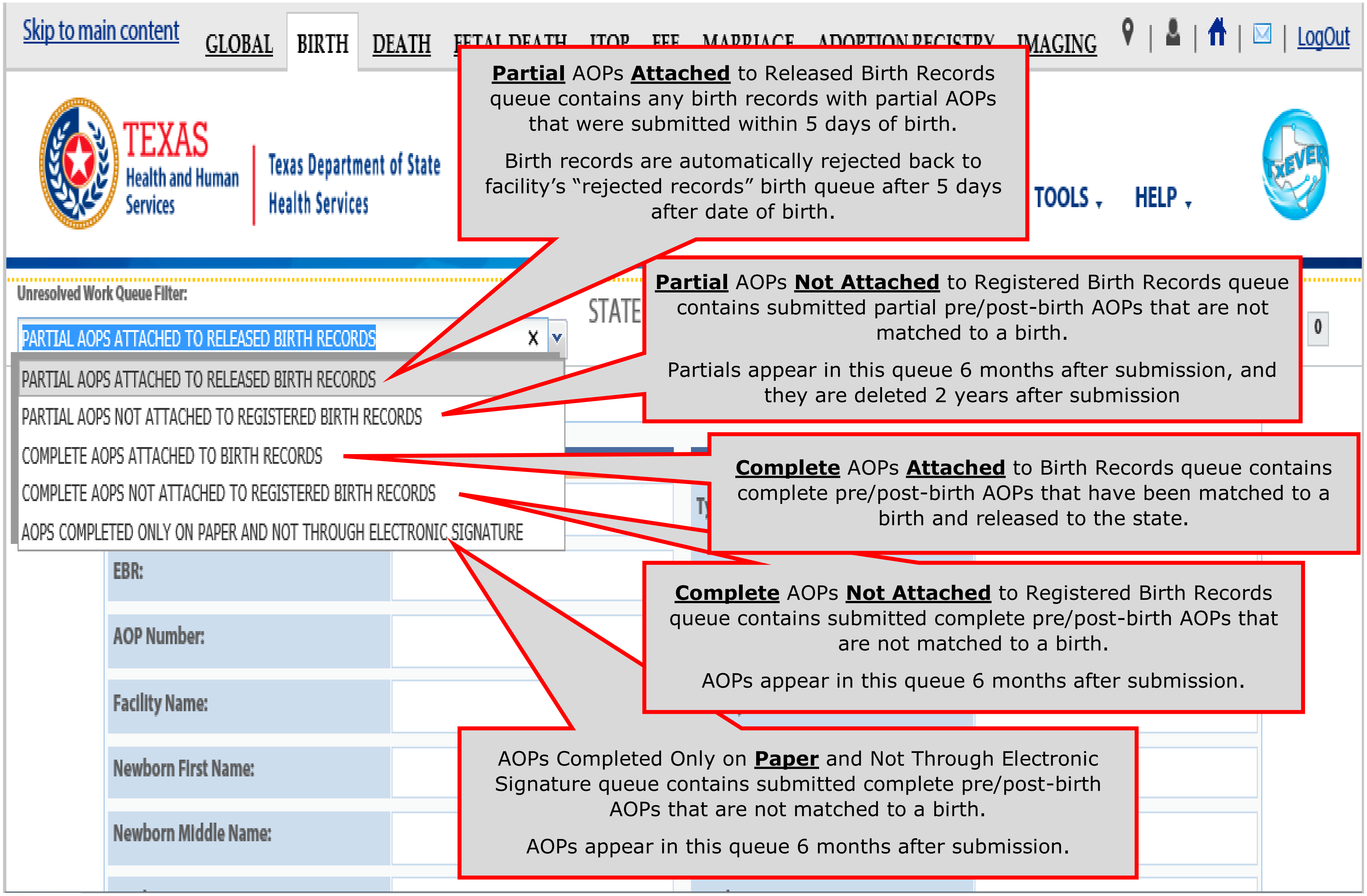
Step 6: Select an AOP Review Queue Filter.

Step 7: Select a name from the Unresolved queue.

Helpful Tips

Records in the right drop down menu are organized by date of birth.

State AOP Review Queues


Skip to main content
GLOBAL
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DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
TOOLS
HELP
TxEVER
Unresolved Work Queue Filter:
PARTIAL AOPS ATTACHED TO RELEASED BIRTH RECORDS
X
STATE
0
PARTIAL AOPS ATTACHED TO RELEASED BIRTH RECORDS
PARTIAL AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS
COMPLETE AOPS ATTACHED TO BIRTH RECORDS
COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS
AOPS COMPLETED ONLY ON PAPER AND NOT THROUGH ELECTRONIC SIGNATURE
EBR:
AOP Number:
Facility Name:
Newborn First Name:
Newborn Middle Name:

Partial AOPs **Attached** to Released Birth Records queue contains any birth records with partial AOPs that were submitted within 5 days of birth.

Birth records are automatically rejected back to facility's "rejected records" birth queue after 5 days after date of birth.

Partial AOPs **Not Attached** to Registered Birth Records queue contains submitted partial pre/post-birth AOPs that are not matched to a birth.

Partials appear in this queue 6 months after submission, and they are deleted 2 years after submission

Complete AOPs **Attached** to Birth Records queue contains complete pre/post-birth AOPs that have been matched to a birth and released to the state.

Complete AOPs **Not Attached** to Registered Birth Records queue contains submitted complete pre/post-birth AOPs that are not matched to a birth.

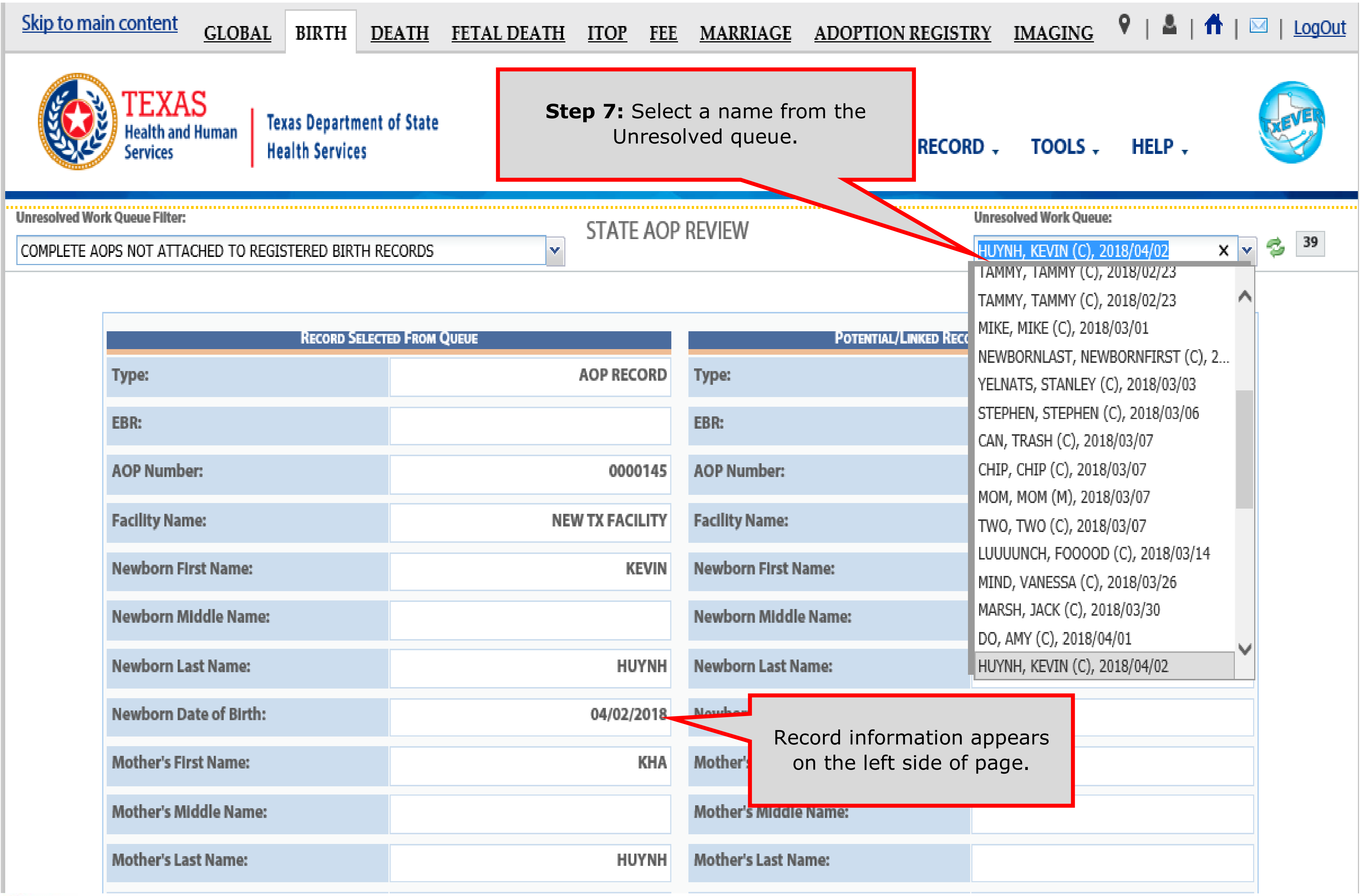
AOPs appear in this queue 6 months after submission.

AOPs Completed Only on **Paper** and Not Through Electronic Signature queue contains submitted complete pre/post-birth AOPs that are not matched to a birth.

AOPs appear in this queue 6 months after submission.

Helpful Tips

State AOP Review Queues


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
RECORD
TOOLS
HELP
TxEVER

Step 7: Select a name from the Unresolved queue.

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

STATE AOP REVIEW

Unresolved Work Queue: HUYNH, KEVIN (C), 2018/04/02 — 39

- TAMMY, TAMMY (C), 2018/02/23
- TAMMY, TAMMY (C), 2018/02/23
- MIKE, MIKE (C), 2018/03/01
- NEWBORNLAST, NEWBORNFIRST (C), 2...
- YELNATS, STANLEY (C), 2018/03/03
- STEPHEN, STEPHEN (C), 2018/03/06
- CAN, TRASH (C), 2018/03/07
- CHIP, CHIP (C), 2018/03/07
- MOM, MOM (M), 2018/03/07
- TWO, TWO (C), 2018/03/07
- LUUUUNCH, FOOOOD (C), 2018/03/14
- MIND, VANESSA (C), 2018/03/26
- MARSH, JACK (C), 2018/03/30
- DO, AMY (C), 2018/04/01
- HUYNH, KEVIN (C), 2018/04/02

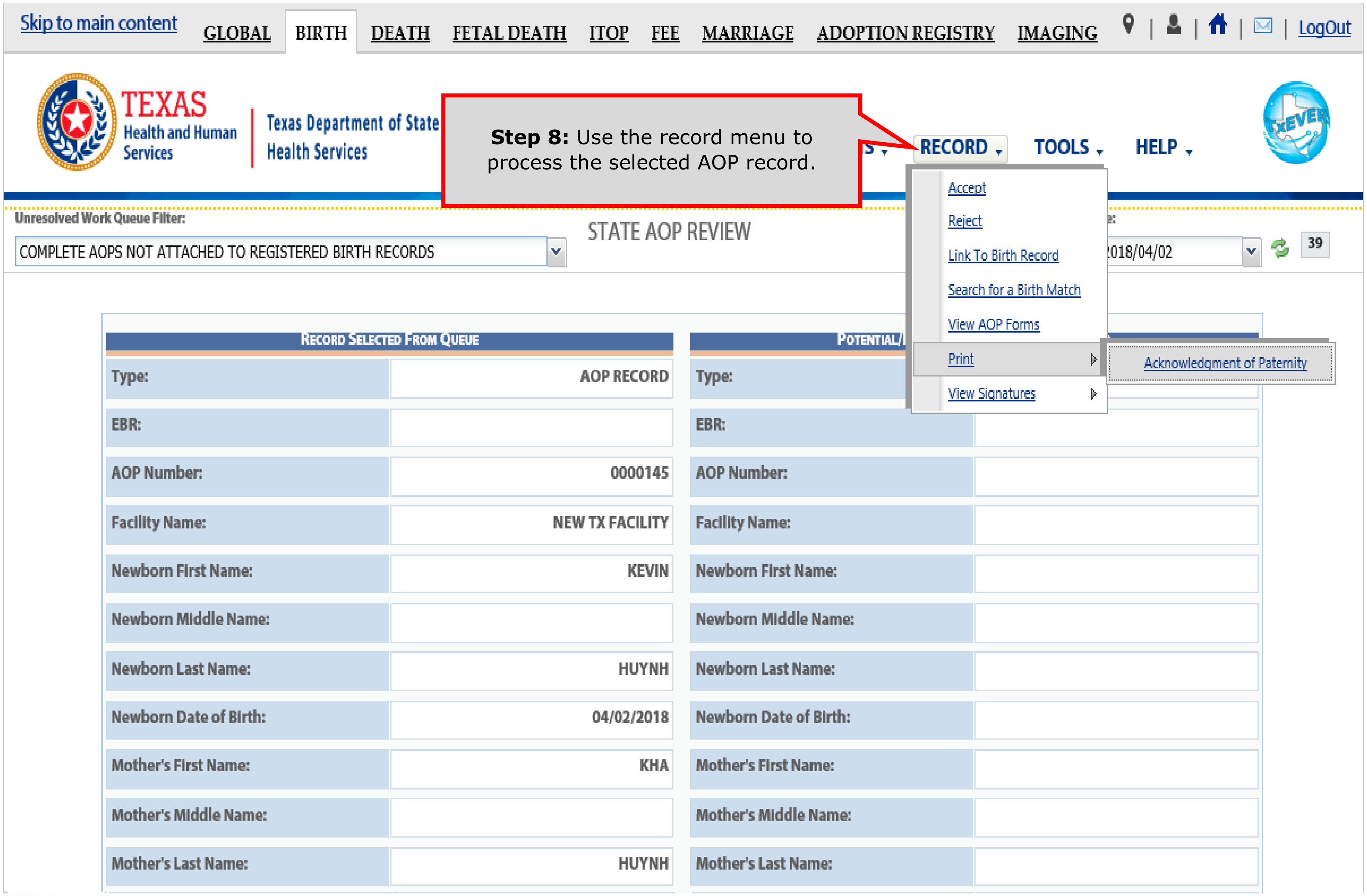
RECORD SELECTED FROM QUEUE	
Type:	AOP RECORD
EBR:	
AOP Number:	0000145
Facility Name:	NEW TX FACILITY
Newborn First Name:	KEVIN
Newborn Middle Name:	
Newborn Last Name:	HUYNH
Newborn Date of Birth:	04/02/2018
Mother's First Name:	KHA
Mother's Middle Name:	
Mother's Last Name:	HUYNH

POTENTIAL/LINKED RECO	
Type:	
EBR:	
AOP Number:	
Facility Name:	
Newborn First Name:	
Newborn Middle Name:	
Newborn Last Name:	
Newbor	
Mother'	
Mother's Middle Name:	
Mother's Last Name:	

Record information appears on the left side of page.

Helpful Tips

State AOP Review Queues


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
RECORD
TOOLS
HELP
TxEVER
Accept
Reject
Link To Birth Record
Search for a Birth Match
View AOP Forms
Print
View Signatures
Acknowledgment of Paternity
39

Step 8: Use the record menu to process the selected AOP record.

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

STATE AOP REVIEW

2018/04/02

Record Selected From Queue		Potential/	
Type:	AOP RECORD	Type:	
EBR:		EBR:	
AOP Number:	0000145	AOP Number:	
Facility Name:	NEW TX FACILITY	Facility Name:	
Newborn First Name:	KEVIN	Newborn First Name:	
Newborn Middle Name:		Newborn Middle Name:	
Newborn Last Name:	HUYNH	Newborn Last Name:	
Newborn Date of Birth:	04/02/2018	Newborn Date of Birth:	
Mother's First Name:	KHA	Mother's First Name:	
Mother's Middle Name:		Mother's Middle Name:	
Mother's Last Name:	HUYNH	Mother's Last Name:	

Helpful Tips

State AOP Review Queues: Record Menu

ACCEPT

Complete AOPs Attached queue: Accept the AOP-birth match

AOPs Completed Only on Paper queue: Accept the uploaded AOP form after verifying it is signed and complete

REJECT

Complete AOPs Attached queue: Reject the AOP-birth match back to facility

AOPs Completed Only on Paper queue: Reject the uploaded AOP form back to facility after verifying it is NOT signed or complete

LINK TO BIRTH RECORD

Complete AOPs Not Attached queue: Link the selected birth record to the AOP. User must search for a birth match and select a potential match first

SEARCH FOR BIRTH MATCH

Complete AOPs Not Attached queue: Search for a matching birth record using child, mother, and/or father information

VIEW AOP FORMS

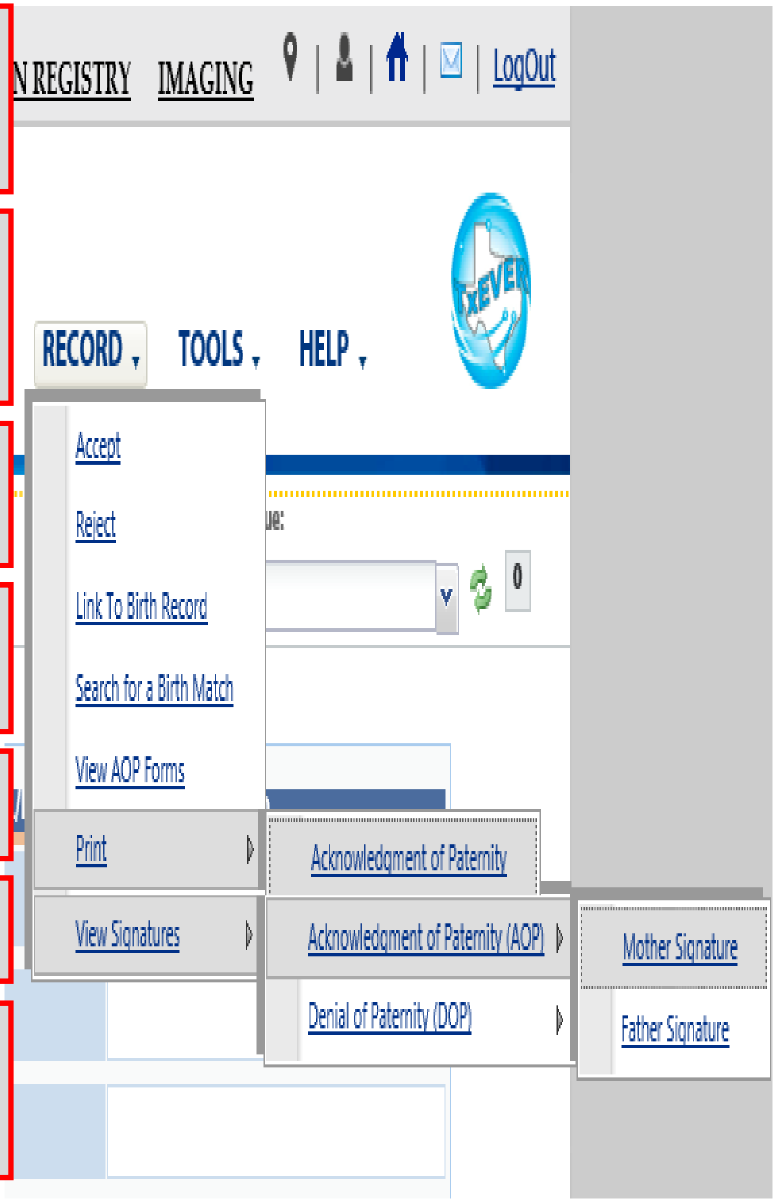
All queues: View and print the AOP forms associated with the AOP/birth

PRINT —> ACKNOWLEDGEMENT OF PATERNITY

All queues: View and print the official birth AOP form

VIEW SIGNATURES —> AOP/DOP

All queues: View and print uploaded signed AOP forms for each signatory. Use this option if "Signature Document on File" appears on printed AOP, or when monitoring the AOPs Completed Only on Paper queue.


N REGISTRY
IMAGING
LogOut
TXEVER
RECORD
TOOLS
HELP
Accept
Reject
Link To Birth Record
Search for a Birth Match
View AOP Forms
Print
Acknowledgment of Paternity
View Signatures
Acknowledgment of Paternity (AOP)
Denial of Paternity (DOP)
Mother Signature
Father Signature
0

Helpful Tips

AOP Registration User Guide: Certified Copies of AOPs

TxEVER AOP Checklist: Certified Copy of AOPs

☐ 1. Login and go to View AOP

☐ 2. Search for an AOP

   a. "Search for Birth Records" to find AOPs **attached** to birth records.

   b. "Search for Completed AOPs Not Attached to Births" to find AOPs **not attached** to birth records.

☐ 3. "Print" the AOP (From Where = "B")

☐ 4. Click the AOP (To make a blue box)

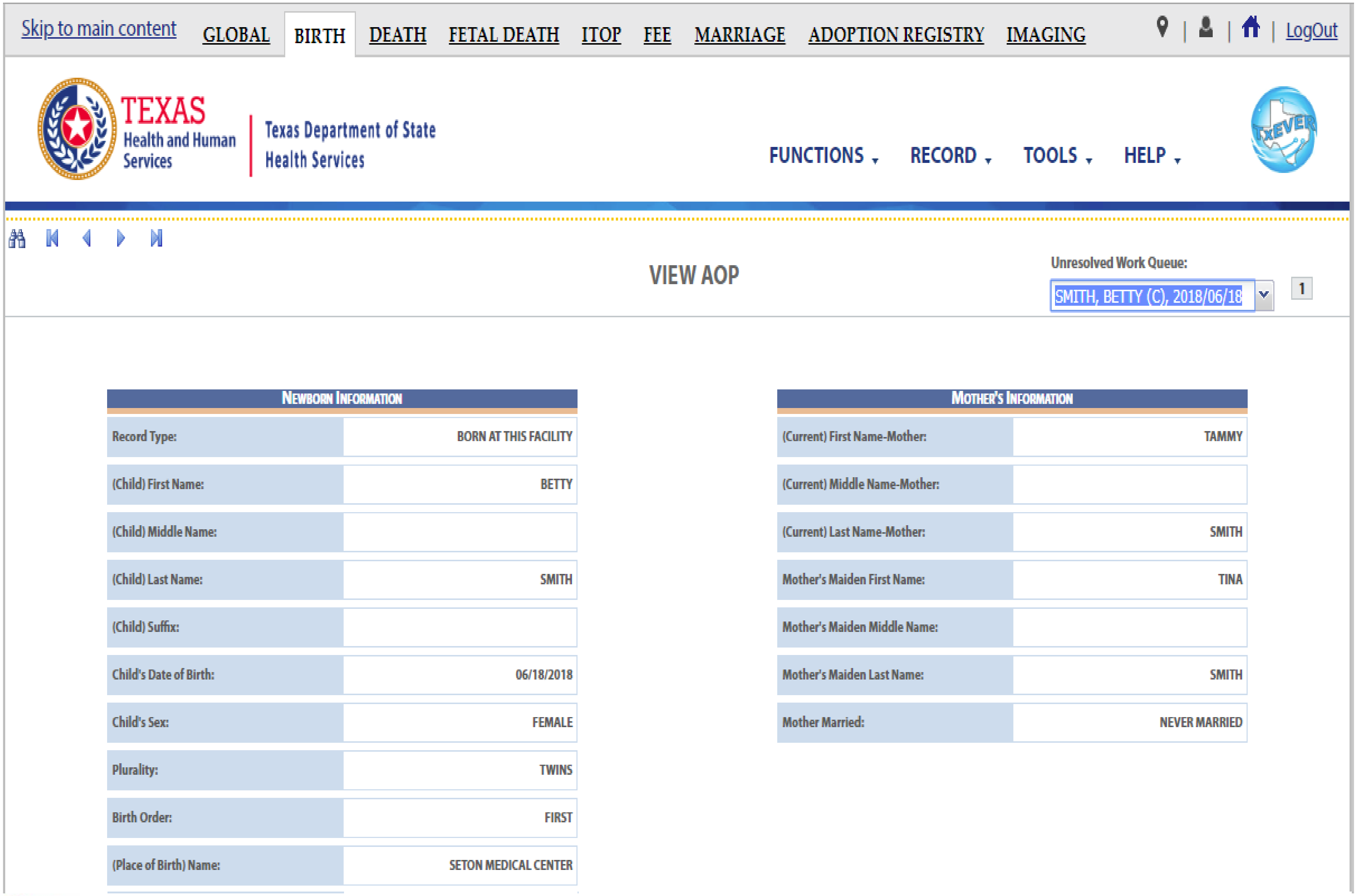
☐ 5. Copy the AOP onto the word document with certification statement and black squares

Helpful
Tips

Use this checklist when viewing an AOP (OAG or State users only).

AOP Registration User Guide:
AOP Rescission

1. Search for a record in View AOP


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
1

VIEW AOP

Unresolved Work Queue: SMITH, BETTY (C), 2018/06/18

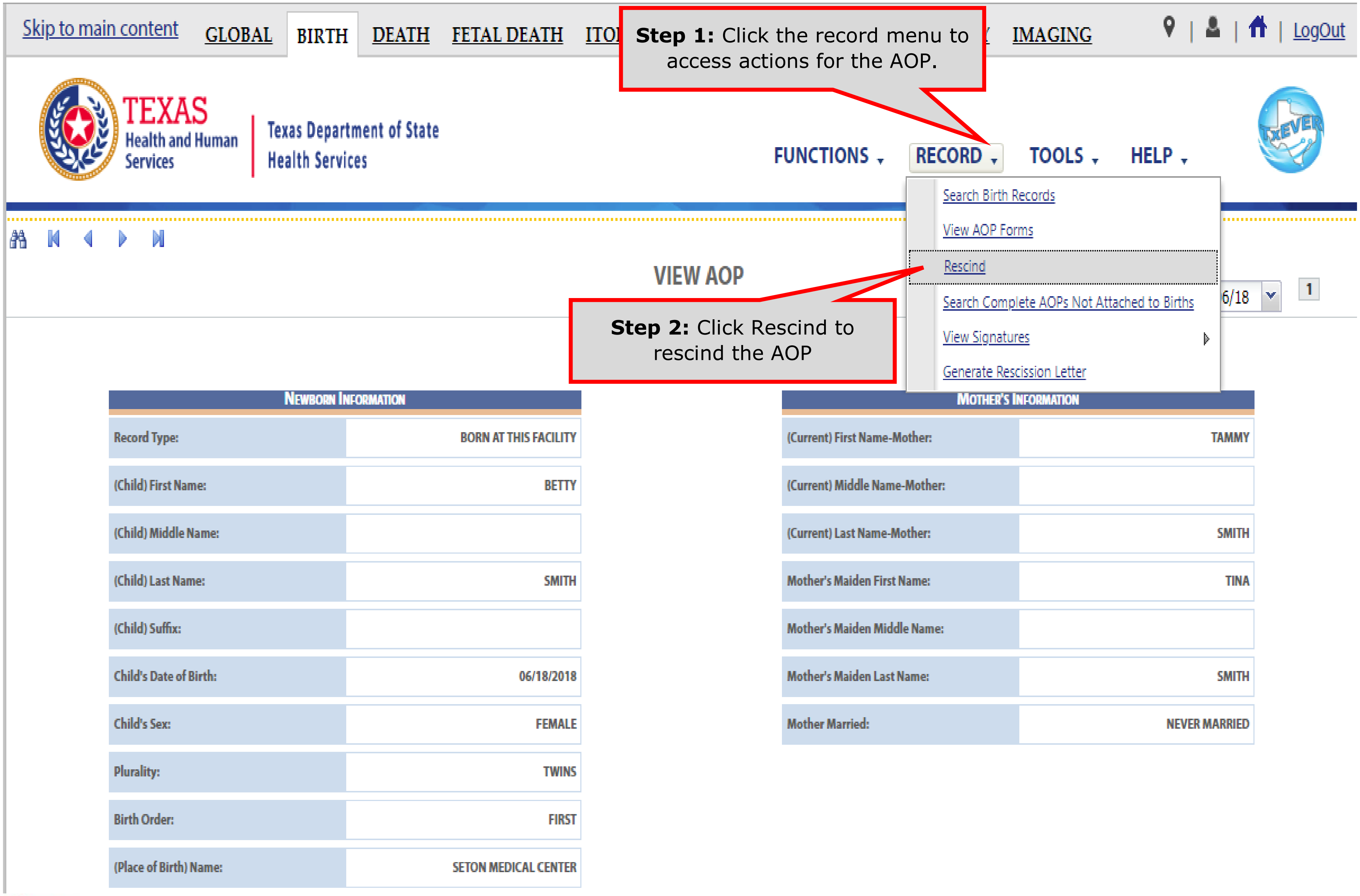
Newborn Information	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	BETTY
(Child) Middle Name:	
(Child) Last Name:	SMITH
(Child) Suffix:	
Child's Date of Birth:	06/18/2018
Child's Sex:	FEMALE
Plurality:	TWINS
Birth Order:	FIRST
(Place of Birth) Name:	SETON MEDICAL CENTER

Mother's Information	
(Current) First Name-Mother:	TAMMY
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	SMITH
Mother's Maiden First Name:	TINA
Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	SMITH
Mother Married:	NEVER MARRIED

Helpful Tips

Refer to View AOP on page 17 for more details.

2. Rescind the AOP



Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITO
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
Search Birth Records
View AOP Forms
Rescind
Search Complete AOPs Not Attached to Births
View Signatures
Generate Rescission Letter
6/18
1

Step 1: Click the record menu to access actions for the AOP.

Step 2: Click Rescind to rescind the AOP

VIEW AOP

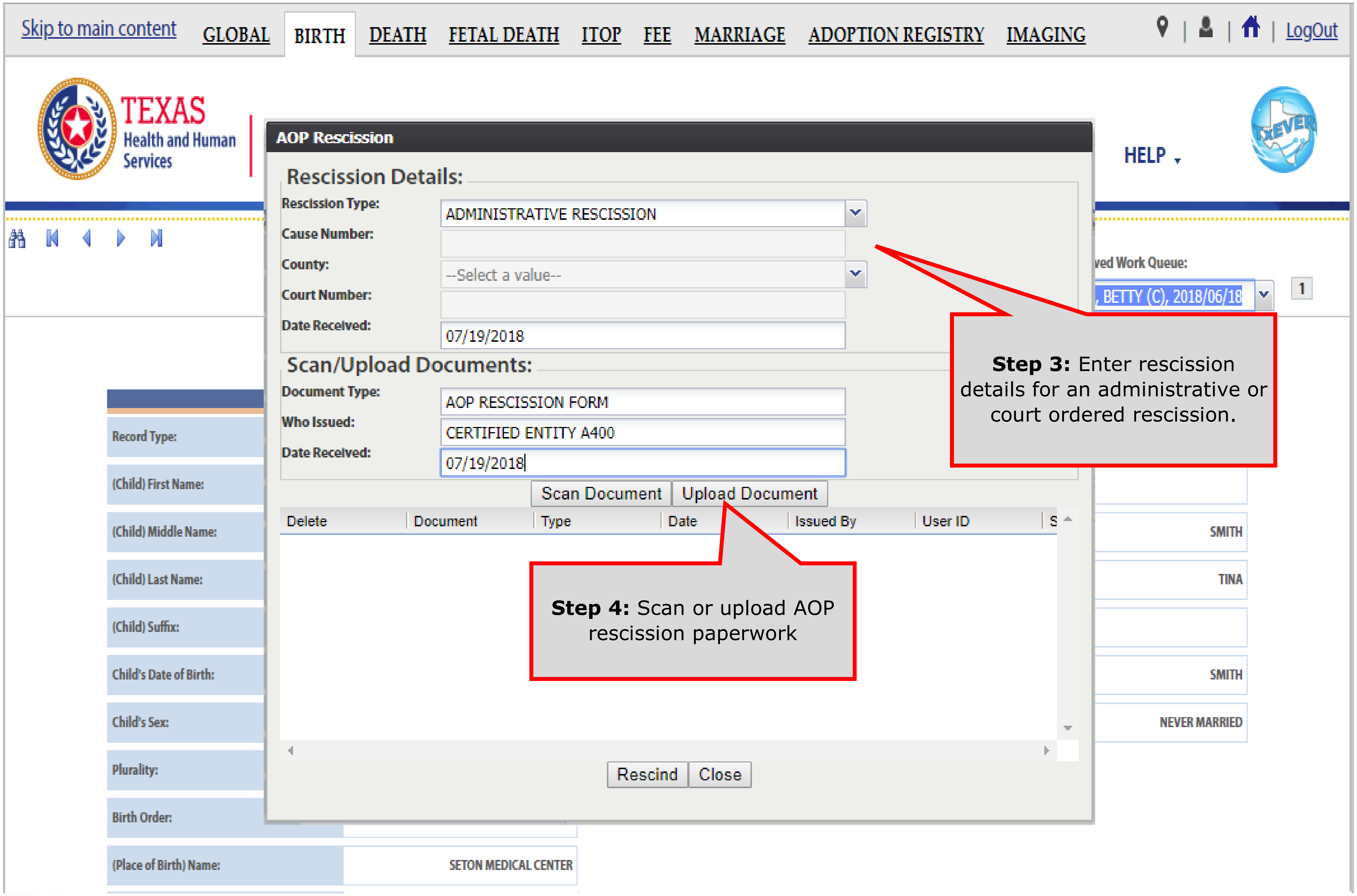
NEWBORN INFORMATION	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	BETTY
(Child) Middle Name:	
(Child) Last Name:	SMITH
(Child) Suffix:	
Child's Date of Birth:	06/18/2018
Child's Sex:	FEMALE
Plurality:	TWINS
Birth Order:	FIRST
(Place of Birth) Name:	SETON MEDICAL CENTER

MOTHER'S INFORMATION	
(Current) First Name-Mother:	TAMMY
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	SMITH
Mother's Maiden First Name:	TINA
Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	SMITH
Mother Married:	NEVER MARRIED

Helpful Tips

Be sure that a proper AOP rescission form or court order has been received!

3. Enter Rescission Details


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
HELP
TxEVER
AOP Rescission
Scan Document
Upload Document
Rescind
Close
Record Type:
(Child) First Name:
(Child) Middle Name:
(Child) Last Name:
(Child) Suffix:
Child's Date of Birth:
Child's Sex:
Plurality:
Birth Order:
SMITH
TINA
SMITH
NEVER MARRIED
1

Assigned Work Queue: BETTY (C), 2018/06/18

(Place of Birth) Name: SETON MEDICAL CENTER

Rescission Details:

Rescission Type: ADMINISTRATIVE RESCISSION
Cause Number:
County: --Select a value--
Court Number:
Date Received: 07/19/2018

Scan/Upload Documents:

Document Type: AOP RESCISSION FORM
Who Issued: CERTIFIED ENTITY A400
Date Received: 07/19/2018

Delete	Document	Type	Date	Issued By	User ID	S

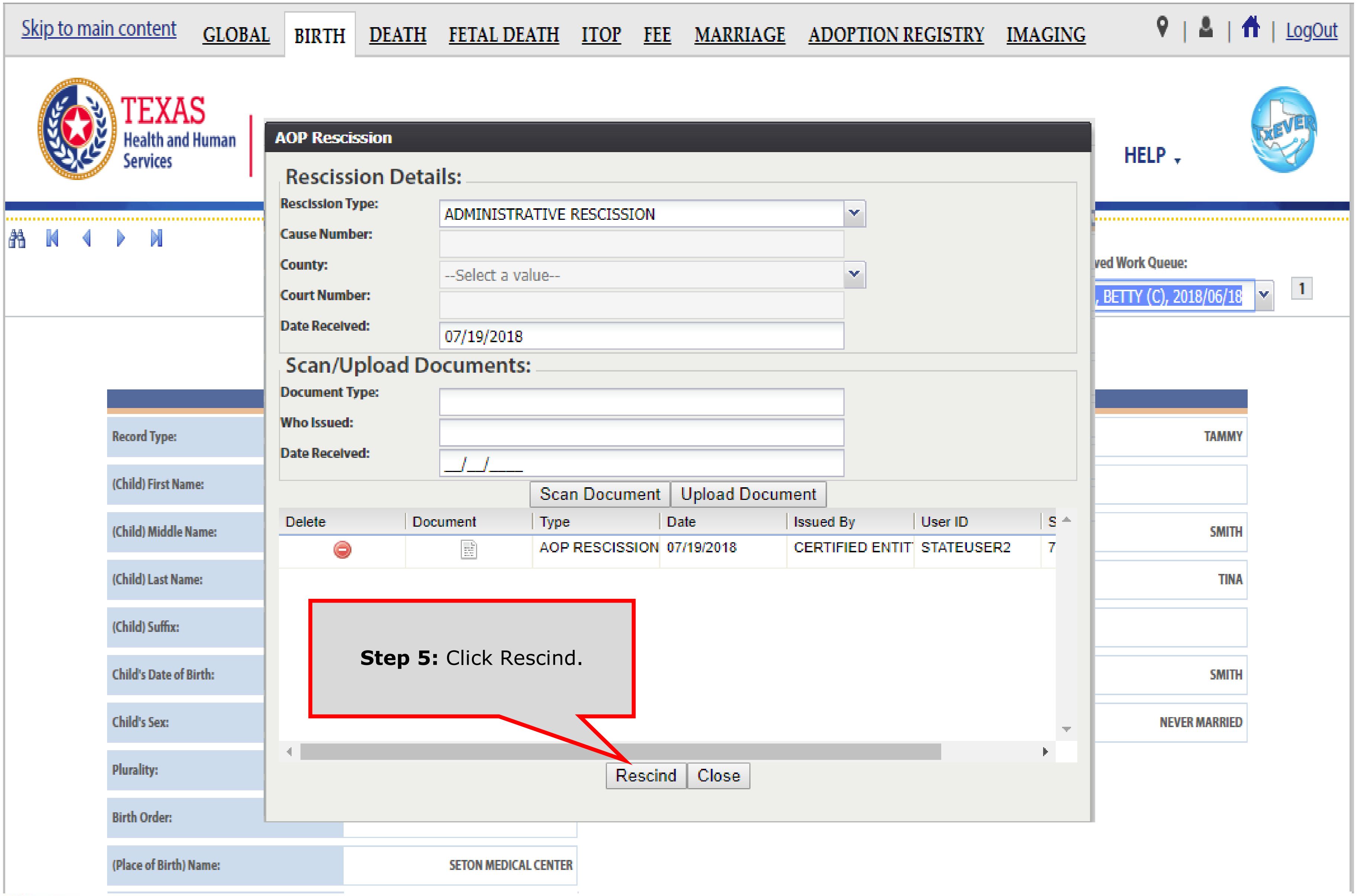
Step 3: Enter rescission details for an administrative or court ordered rescission.

Step 4: Scan or upload AOP rescission paperwork

Helpful Tips

Enter "T" to enter today's date!

3. Enter Rescission Details


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
HELP
TxEVER
Scan Document
Upload Document
Rescind
Close

AOP Rescission

Rescission Details:

Rescission Type: ADMINISTRATIVE RESCISSION
Cause Number:
County: --Select a value--
Court Number:
Date Received: 07/19/2018

Scan/Upload Documents:

Document Type:
Who Issued:
Date Received: __/__/____

Delete	Document	Type	Date	Issued By	User ID	S
⊖	🗎	AOP RESCISSION	07/19/2018	CERTIFIED ENTIT	STATEUSER2	7

ved Work Queue: , BETTY (C), 2018/06/18 1

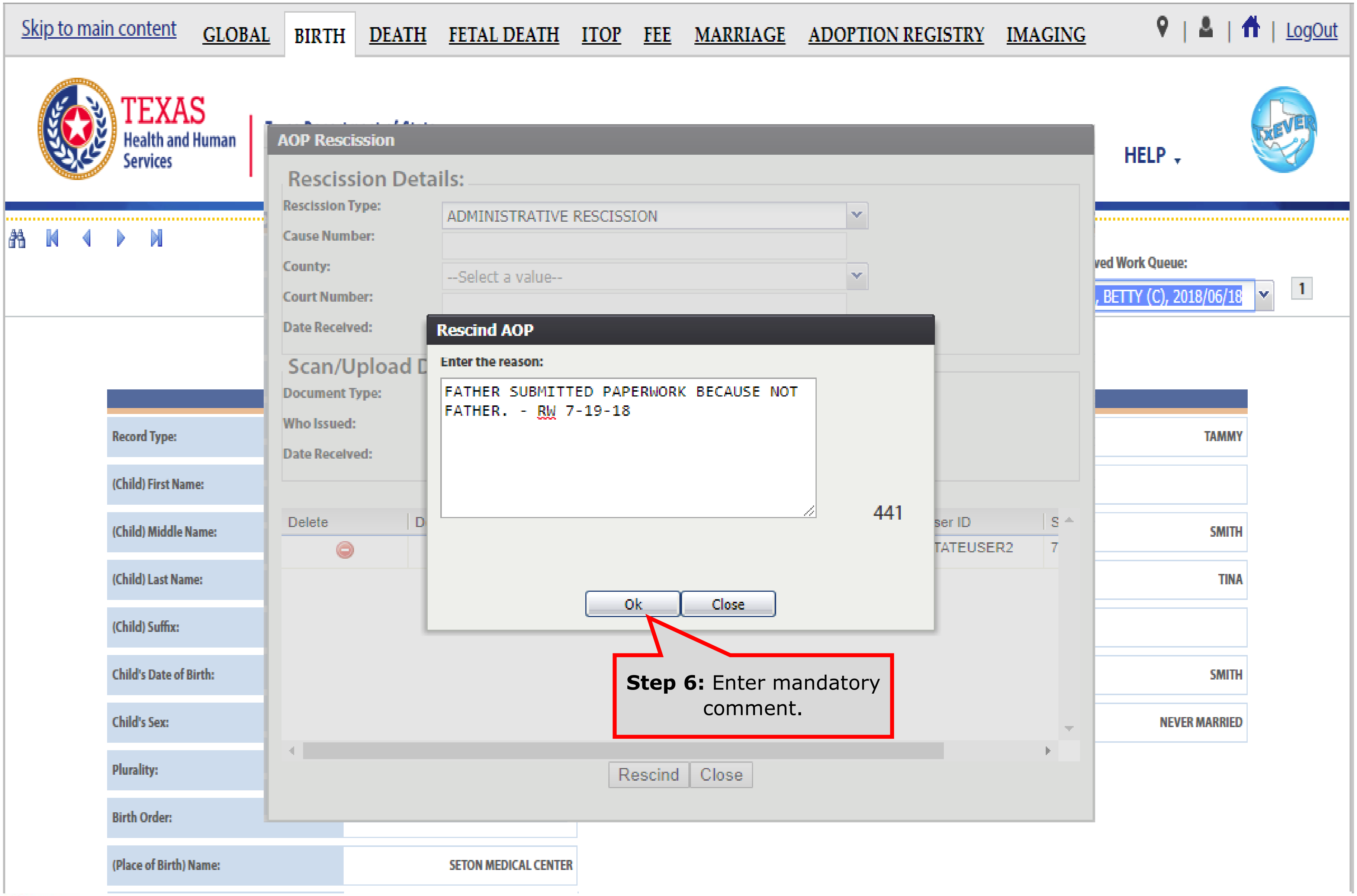
Record Type: TAMMY
(Child) First Name:
(Child) Middle Name: SMITH
(Child) Last Name: TINA
(Child) Suffix:
Child's Date of Birth: SMITH
Child's Sex: NEVER MARRIED
Plurality:
Birth Order:
(Place of Birth) Name: SETON MEDICAL CENTER

Step 5: Click Rescind.

Helpful Tips

Enter “T” to enter today’s date!

3. Enter Rescission Details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GLOBAL
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ADOPTION REGISTRY
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LogOut
TEXAS Health and Human Services
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TxEVER
Delete
ser ID
TATEUSER2
Rescind
Close
TAMMY
SMITH
TINA
SMITH
NEVER MARRIED
ved Work Queue:
, BETTY (C), 2018/06/18
1

AOP Rescission

Rescission Details:

Rescission Type: ADMINISTRATIVE RESCISSION
Cause Number:
County: --Select a value--
Court Number:
Date Received:

Scan/Upload D

Document Type:
Who Issued:
Date Received:

Rescind AOP

Enter the reason:

```
FATHER SUBMITTED PAPERWORK BECAUSE NOT
FATHER. - RW 7-19-18
```

441

Ok Close

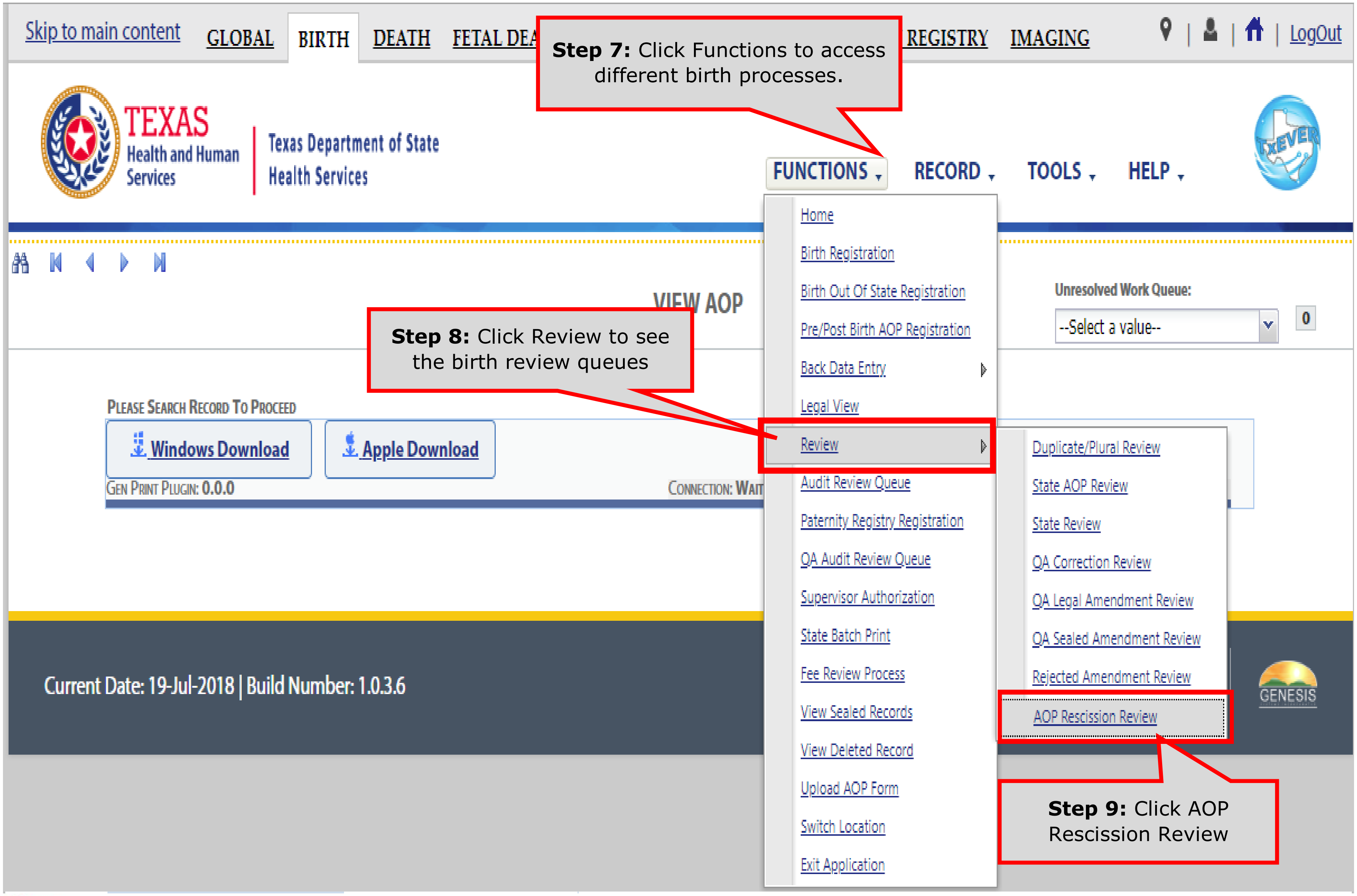
Record Type:
(Child) First Name:
(Child) Middle Name:
(Child) Last Name:
(Child) Suffix:
Child's Date of Birth:
Child's Sex:
Plurality:
Birth Order:
(Place of Birth) Name: SETON MEDICAL CENTER

Step 6: Enter mandatory comment.

Helpful Tips

TxEVER may take up to 10 seconds time to rescind the AOP. Do not re-click “OK.”

3. Enter Rescission Details


Skip to main content
GLOBAL
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TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
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HELP
TxEVER
Home
Birth Registration
Birth Out Of State Registration
Pre/Post Birth AOP Registration
Back Data Entry
Legal View
Review
Audit Review Queue
Paternity Registry Registration
QA Audit Review Queue
Supervisor Authorization
State Batch Print
Fee Review Process
View Sealed Records
View Deleted Record
Upload AOP Form
Switch Location
Exit Application
Duplicate/Plural Review
State AOP Review
State Review
QA Correction Review
QA Legal Amendment Review
QA Sealed Amendment Review
Rejected Amendment Review
AOP Rescission Review
VIEW AOP
Unresolved Work Queue:
--Select a value--
0
Please Search Record To Proceed
Windows Download
Apple Download
Gen Print Plugin: 0.0.0
Connection: Wai
Current Date: 19-Jul-2018 | Build Number: 1.0.3.6
GENESIS

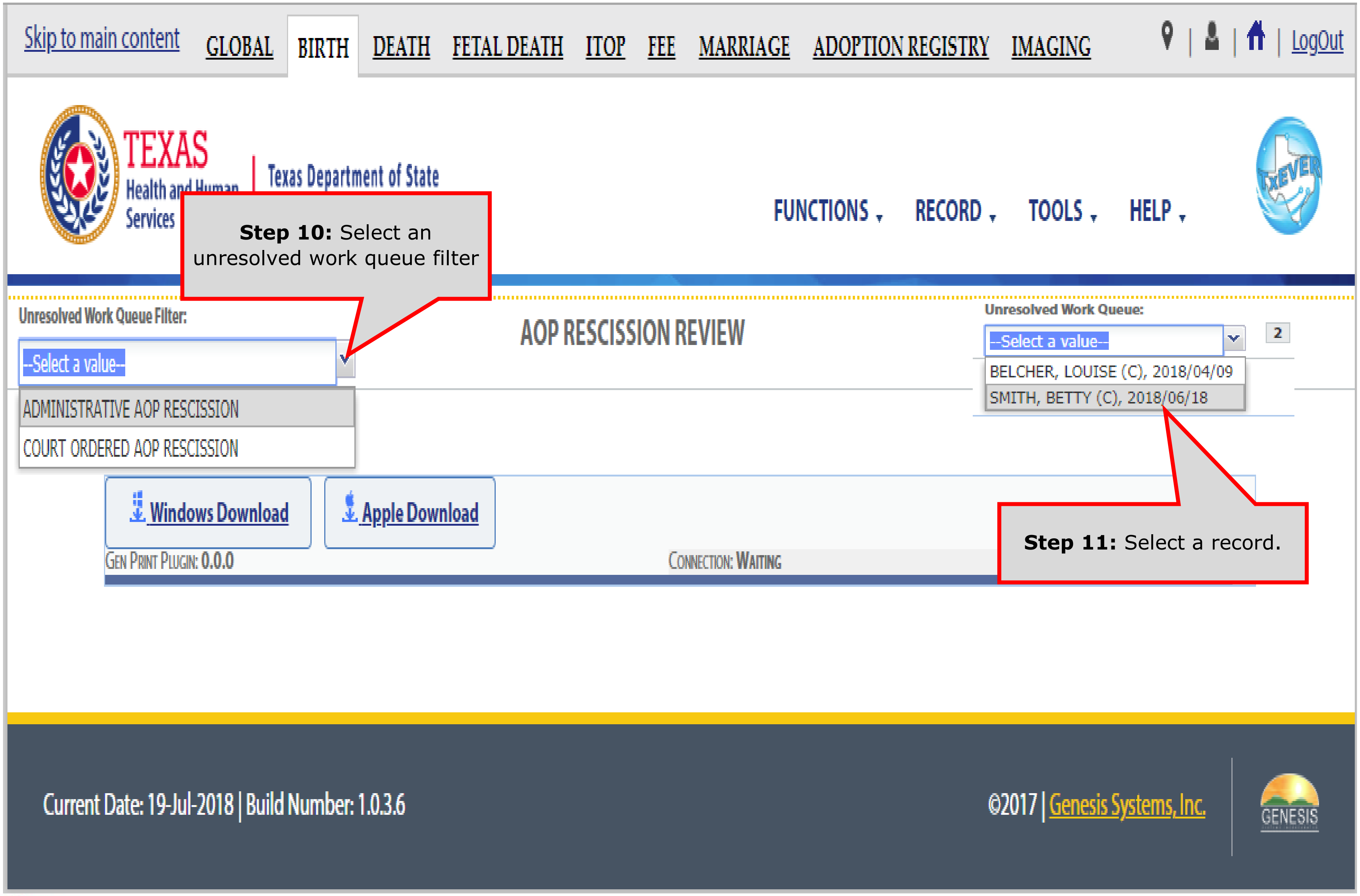
Step 7: Click Functions to access different birth processes.

Step 8: Click Review to see the birth review queues

Step 9: Click AOP Rescission Review

Helpful Tips

3. Enter Rescission Details

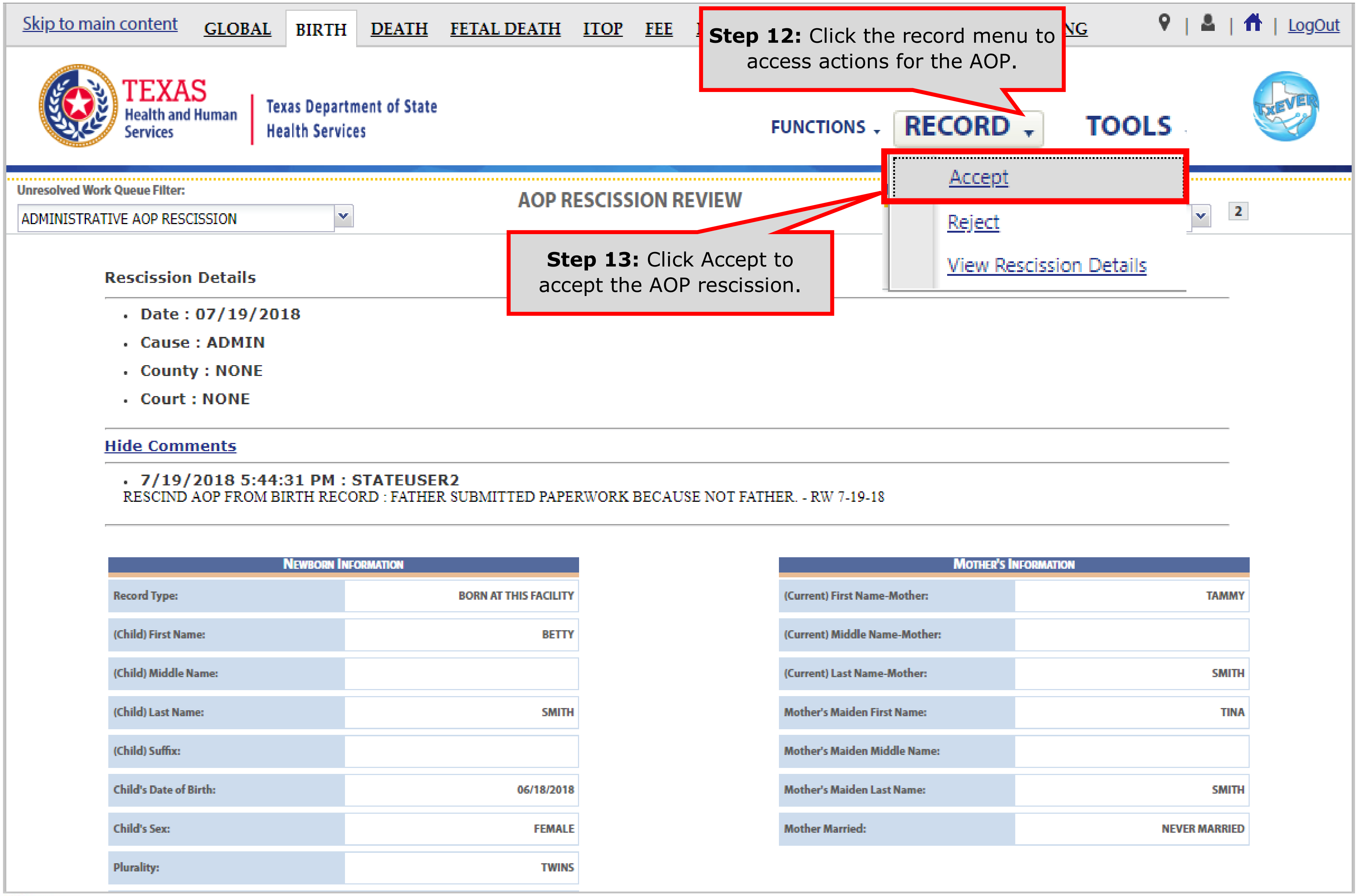

Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
Unresolved Work Queue Filter:
--Select a value--
ADMINISTRATIVE AOP RESCISSION
COURT ORDERED AOP RESCISSION
AOP RESCISSION REVIEW
Unresolved Work Queue:
--Select a value--
2
BELCHER, LOUISE (C), 2018/04/09
SMITH, BETTY (C), 2018/06/18
Windows Download
Apple Download
GEN PRINT PLUGIN: 0.0.0
CONNECTION: WAITING
Current Date: 19-Jul-2018 | Build Number: 1.0.3.6
©2017 | Genesis Systems, Inc.
GENESIS

Step 10: Select an unresolved work queue filter

Step 11: Select a record.

Helpful Tips

3. Enter Rescission Details


Skip to main content
GLOBAL
BIRTH
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FETAL DEATH
ITOP
FEE
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
TxEVER
Accept
Reject
View Rescission Details
2

Step 12: Click the record menu to access actions for the AOP.

Step 13: Click Accept to accept the AOP rescission.

Unresolved Work Queue Filter: ADMINISTRATIVE AOP RESCISSION

AOP RESCISSION REVIEW

Rescission Details

- Date : 07/19/2018
- Cause : ADMIN
- County : NONE
- Court : NONE

Hide Comments

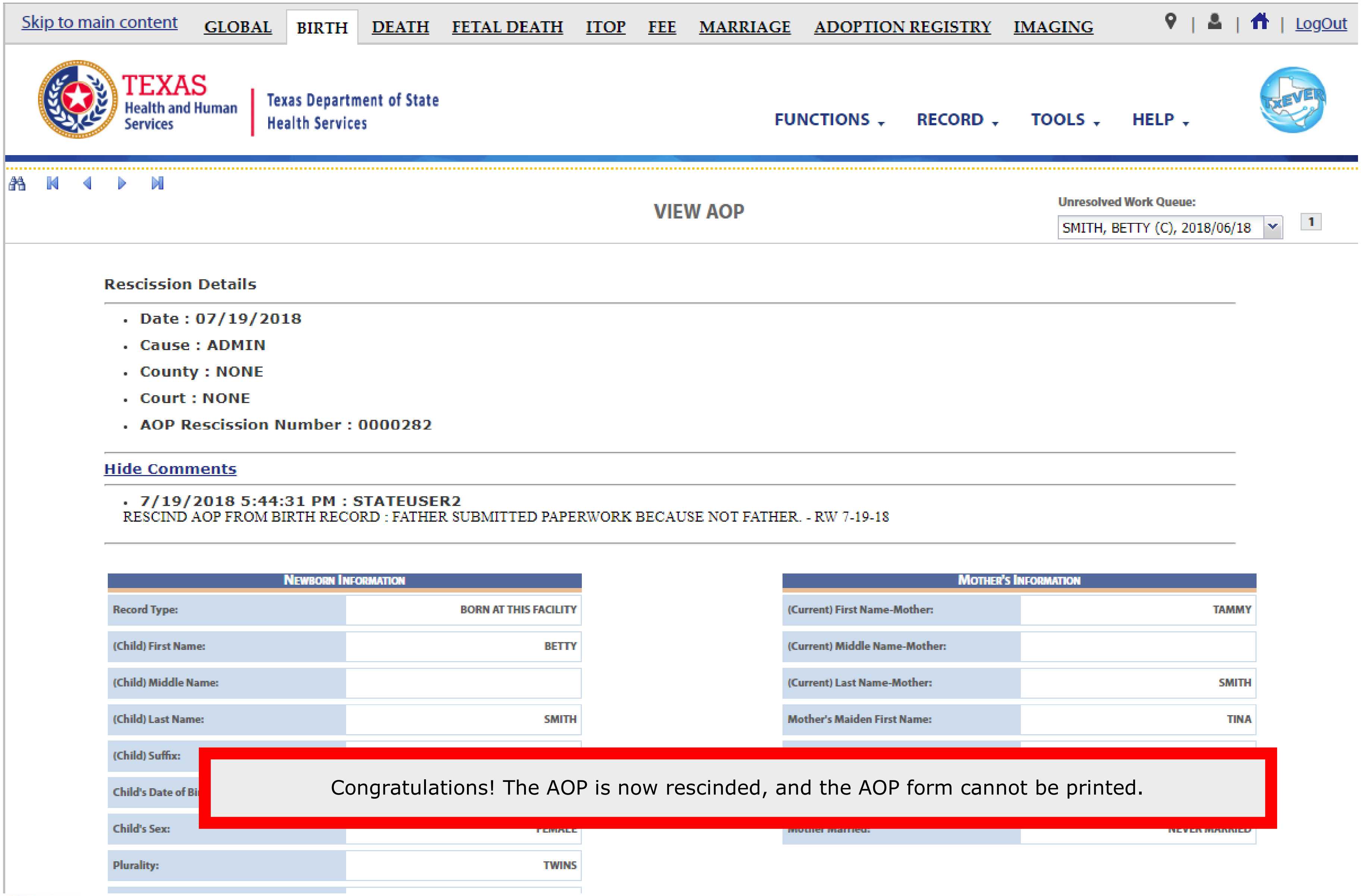
- 7/19/2018 5:44:31 PM : STATEUSER2
RESCIND AOP FROM BIRTH RECORD : FATHER SUBMITTED PAPERWORK BECAUSE NOT FATHER. - RW 7-19-18

NEWBORN INFORMATION	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	BETTY
(Child) Middle Name:	
(Child) Last Name:	SMITH
(Child) Suffix:	
Child's Date of Birth:	06/18/2018
Child's Sex:	FEMALE
Plurality:	TWINS

MOTHER'S INFORMATION	
(Current) First Name-Mother:	TAMMY
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	SMITH
Mother's Maiden First Name:	TINA
Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	SMITH
Mother Married:	NEVER MARRIED

Helpful Tips

3. Enter Rescission Details


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
VIEW AOP
Unresolved Work Queue:
SMITH, BETTY (C), 2018/06/18
1
Hide Comments

Rescission Details

- Date : 07/19/2018
- Cause : ADMIN
- County : NONE
- Court : NONE
- AOP Rescission Number : 0000282

- 7/19/2018 5:44:31 PM : STATEUSER2

RESCIND AOP FROM BIRTH RECORD : FATHER SUBMITTED PAPERWORK BECAUSE NOT FATHER. - RW 7-19-18

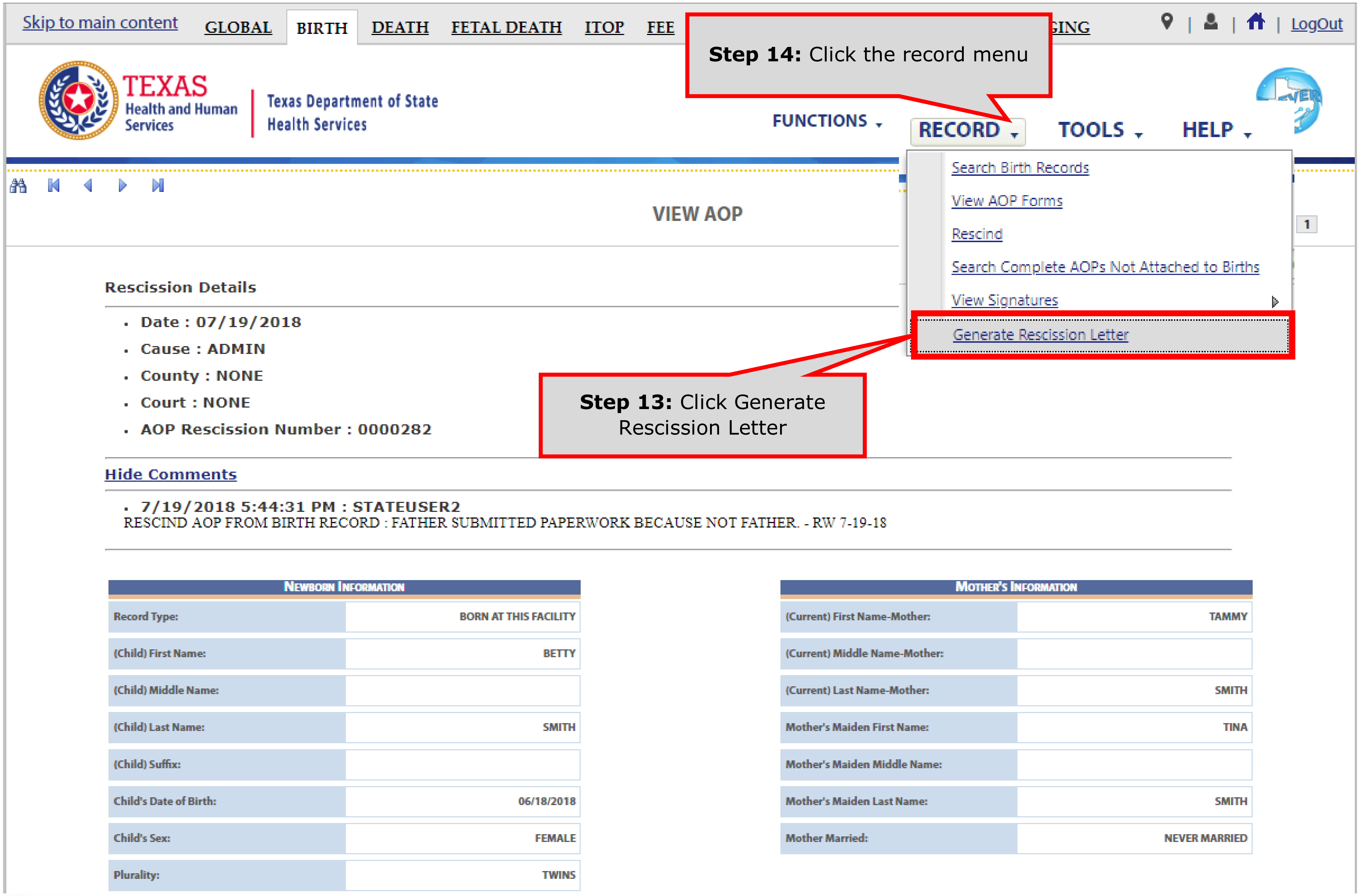
Newborn Information	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	BETTY
(Child) Middle Name:	
(Child) Last Name:	SMITH
(Child) Suffix:	
Child's Date of Bi	
Child's Sex:	FEMALE
Plurality:	TWINS

Mother's Information	
(Current) First Name-Mother:	TAMMY
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	SMITH
Mother's Maiden First Name:	TINA
Mother Married:	NEVER MARRIED

Congratulations! The AOP is now rescinded, and the AOP form cannot be printed.

Helpful Tips

3. Generate Rescission Letter


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
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LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
EVER
VIEW AOP
1
Search Birth Records
View AOP Forms
Rescind
Search Complete AOPs Not Attached to Births
View Signatures
Generate Rescission Letter

Step 14: Click the record menu

Step 13: Click Generate Rescission Letter

Rescission Details

- Date : 07/19/2018
- Cause : ADMIN
- County : NONE
- Court : NONE
- AOP Rescission Number : 0000282

Hide Comments

- 7/19/2018 5:44:31 PM : STATEUSER2

RESCIND AOP FROM BIRTH RECORD : FATHER SUBMITTED PAPERWORK BECAUSE NOT FATHER. - RW 7-19-18

Newborn Information	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	BETTY
(Child) Middle Name:	
(Child) Last Name:	SMITH
(Child) Suffix:	
Child's Date of Birth:	06/18/2018
Child's Sex:	FEMALE
Plurality:	TWINS

Mother's Information	
(Current) First Name-Mother:	TAMMY
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	SMITH
Mother's Maiden First Name:	TINA
Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	SMITH
Mother Married:	NEVER MARRIED

Helpful Tips

The AOP rescission letter is not uploaded to TxEVER yet.
A fee transaction may or may not accompany the AOP rescission.

Appendix

New Certified Entity (OAG + VSS) 1
View AOP (OAG + VSS) 3
AOP Rescission (VSS) 6
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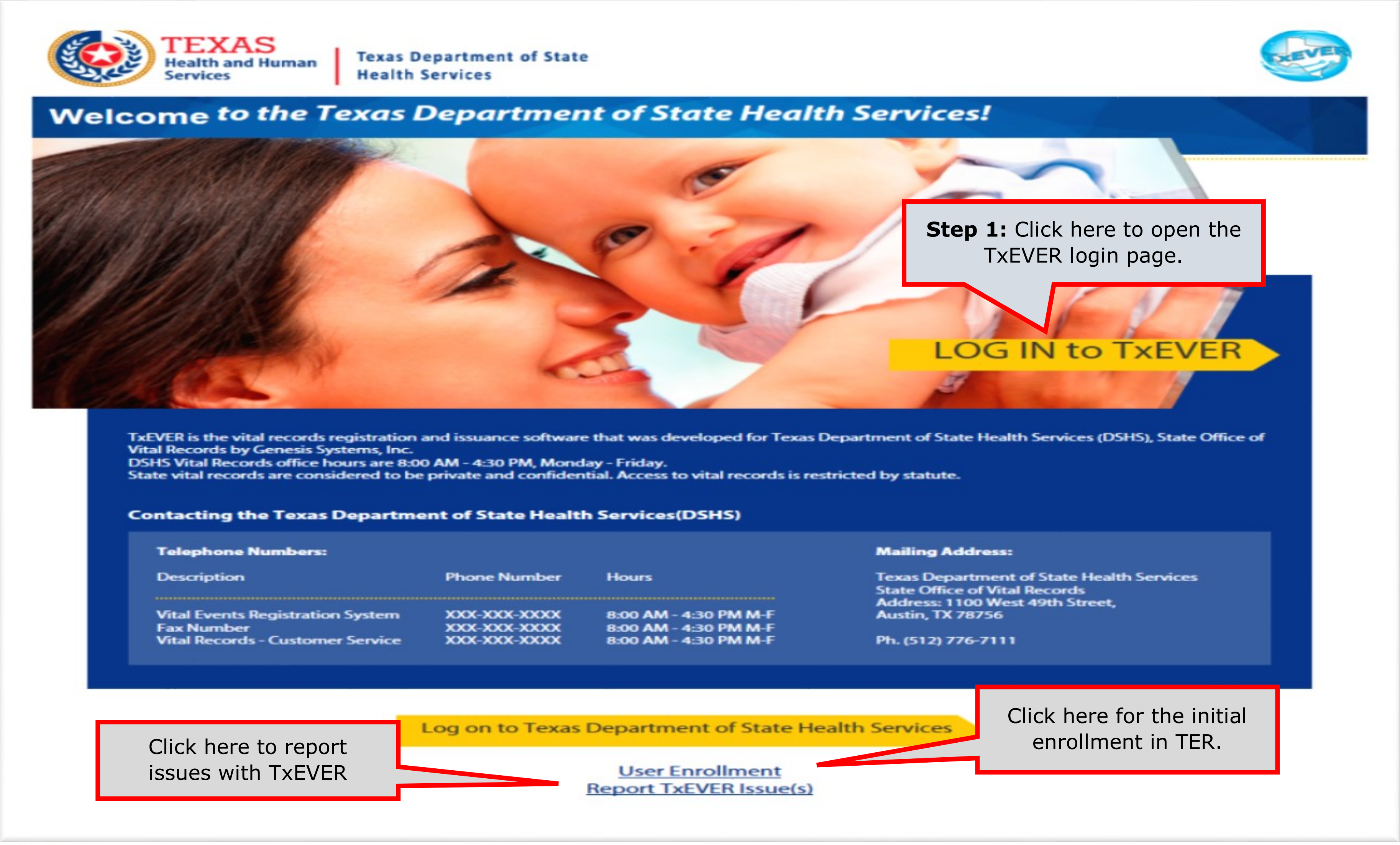
Appendix C: State AOP Review Queues
    C1: Accepting and Rejecting AOP-Birth Matches
    C2: Searching and Linking a Birth to an AOP
    C3: AOPs Completed on Paper
Appendix D: AOP Reporting
Appendix E: Upload AOP Form

AOP Registration User Guide: Appendix E: Logging in

1. Login and go to Birth Registration

Log into TxEVER via the web https://txever.dshs.texas.gov/TxEverUI/Welcome.htm



TEXAS
Health and Human Services
Texas Department of State Health Services
TxEVER

Welcome to the Texas Department of State Health Services!

Step 1: Click here to open the TxEVER login page.

LOG IN to TxEVER

TxEVER is the vital records registration and issuance software that was developed for Texas Department of State Health Services (DSHS), State Office of Vital Records by Genesis Systems, Inc.
DSHS Vital Records office hours are 8:00 AM - 4:30 PM, Monday - Friday.
State vital records are considered to be private and confidential. Access to vital records is restricted by statute.

Contacting the Texas Department of State Health Services(DSHS)

Telephone Numbers:

Description	Phone Number	Hours
Vital Events Registration System	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Fax Number	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F
Vital Records - Customer Service	XXX-XXX-XXXX	8:00 AM - 4:30 PM M-F

Mailing Address:

Texas Department of State Health Services
State Office of Vital Records
Address: 1100 West 49th Street,
Austin, TX 78756

Ph. (512) 776-7111

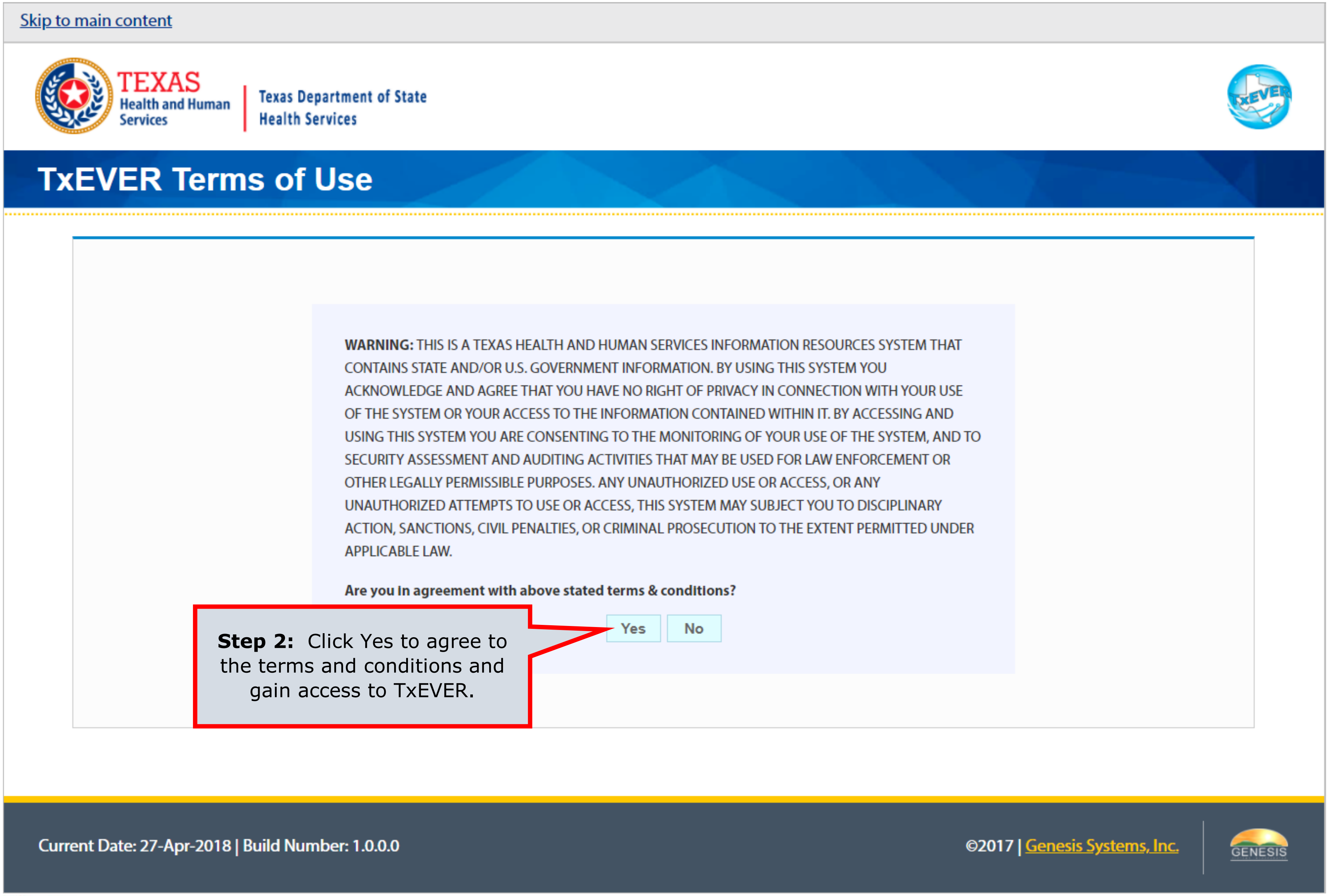
Log on to Texas Department of State Health Services

User Enrollment
Report TxEVER Issue(s)

Click here to report issues with TxEVER

Click here for the initial enrollment in TER.

Helpful Tips



Skip to main content
TEXAS Health and Human Services
Texas Department of State Health Services
TxEVER

TxEVER Terms of Use

WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

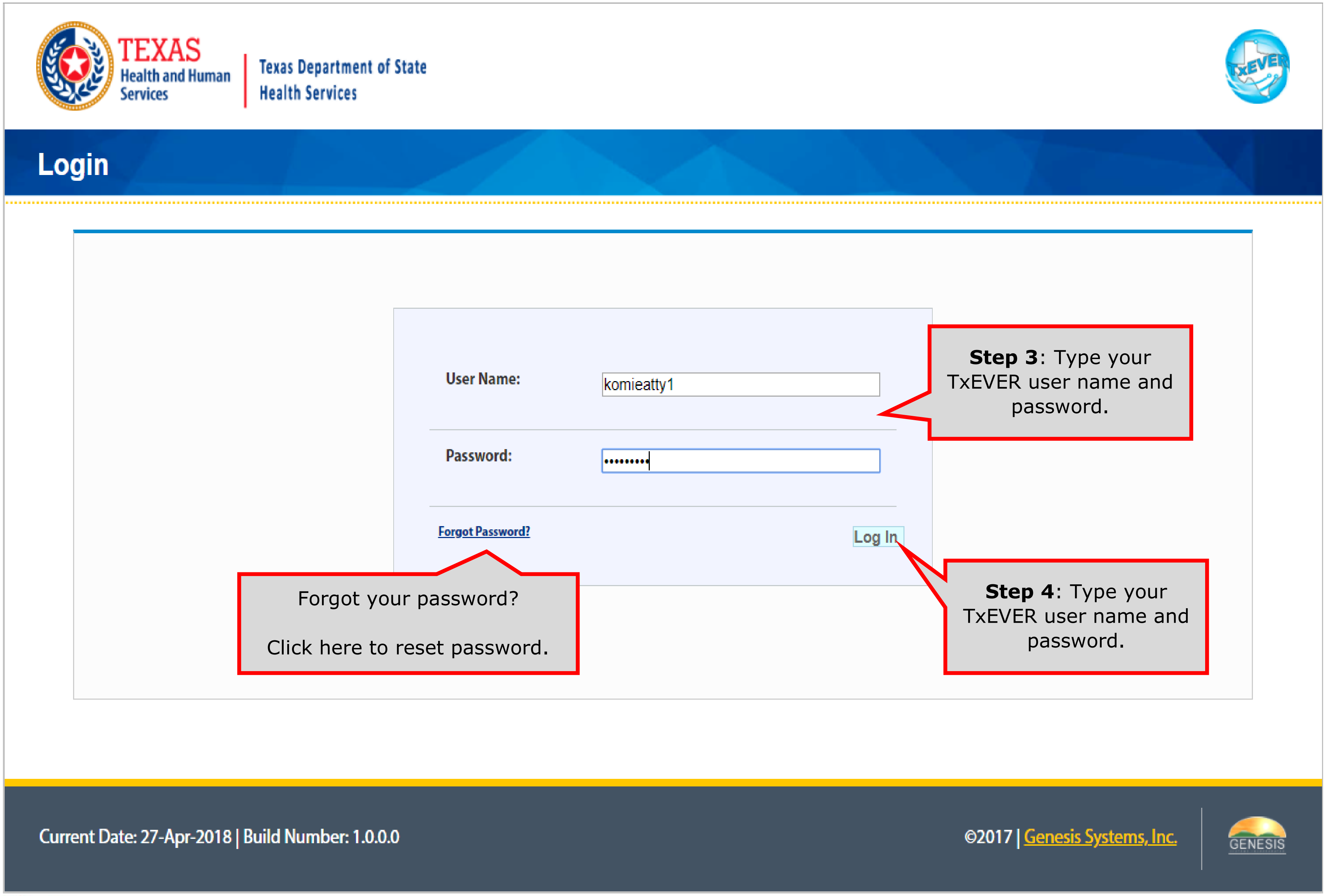
Are you in agreement with above stated terms & conditions?

Step 2: Click Yes to agree to the terms and conditions and gain access to TxEVER.

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

©2017 | Genesis Systems, Inc.

Helpful Tips


TEXAS Health and Human Services
Texas Department of State Health Services
TxEVER
Login
Forgot Password?
Log In
GENESIS

User Name: komieatty1

Password: •••••••••

Step 3: Type your TxEVER user name and password.

Forgot your password?

Click here to reset password.

Step 4: Type your TxEVER user name and password.

Current Date: 27-Apr-2018 | Build Number: 1.0.0.0

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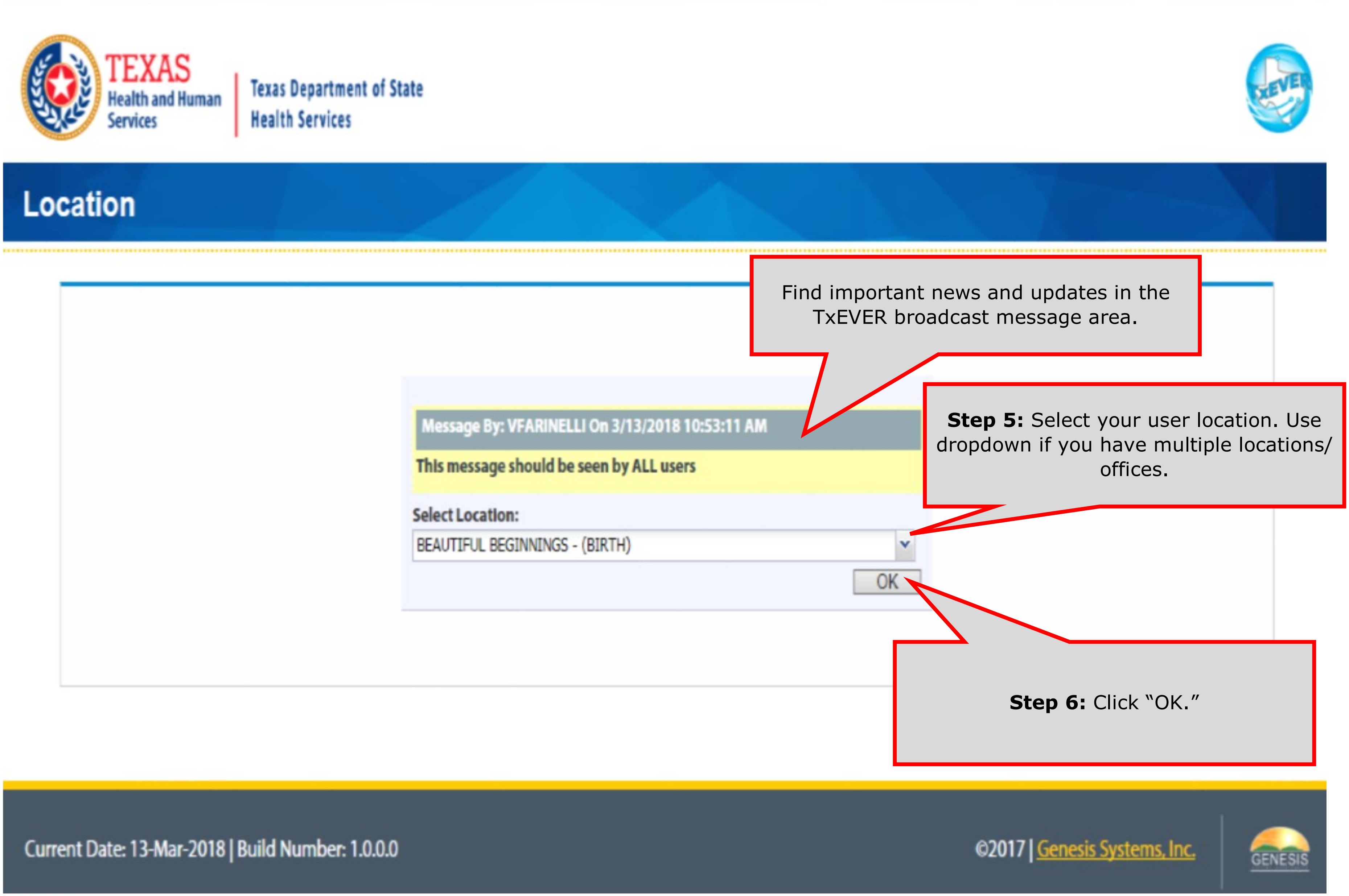
Helpful Tips



TEXAS Health and Human Services | Texas Department of State Health Services

Location

Message By: VFARINELLI On 3/13/2018 10:53:11 AM

This message should be seen by ALL users

Select Location: BEAUTIFUL BEGINNINGS - (BIRTH)

Current Date: 13-Mar-2018 | Build Number: 1.0.0.0

©2017 | Genesis Systems, Inc.

Find important news and updates in the TxEVER broadcast message area.

Step 5: Select your user location. Use dropdown if you have multiple locations/ offices.

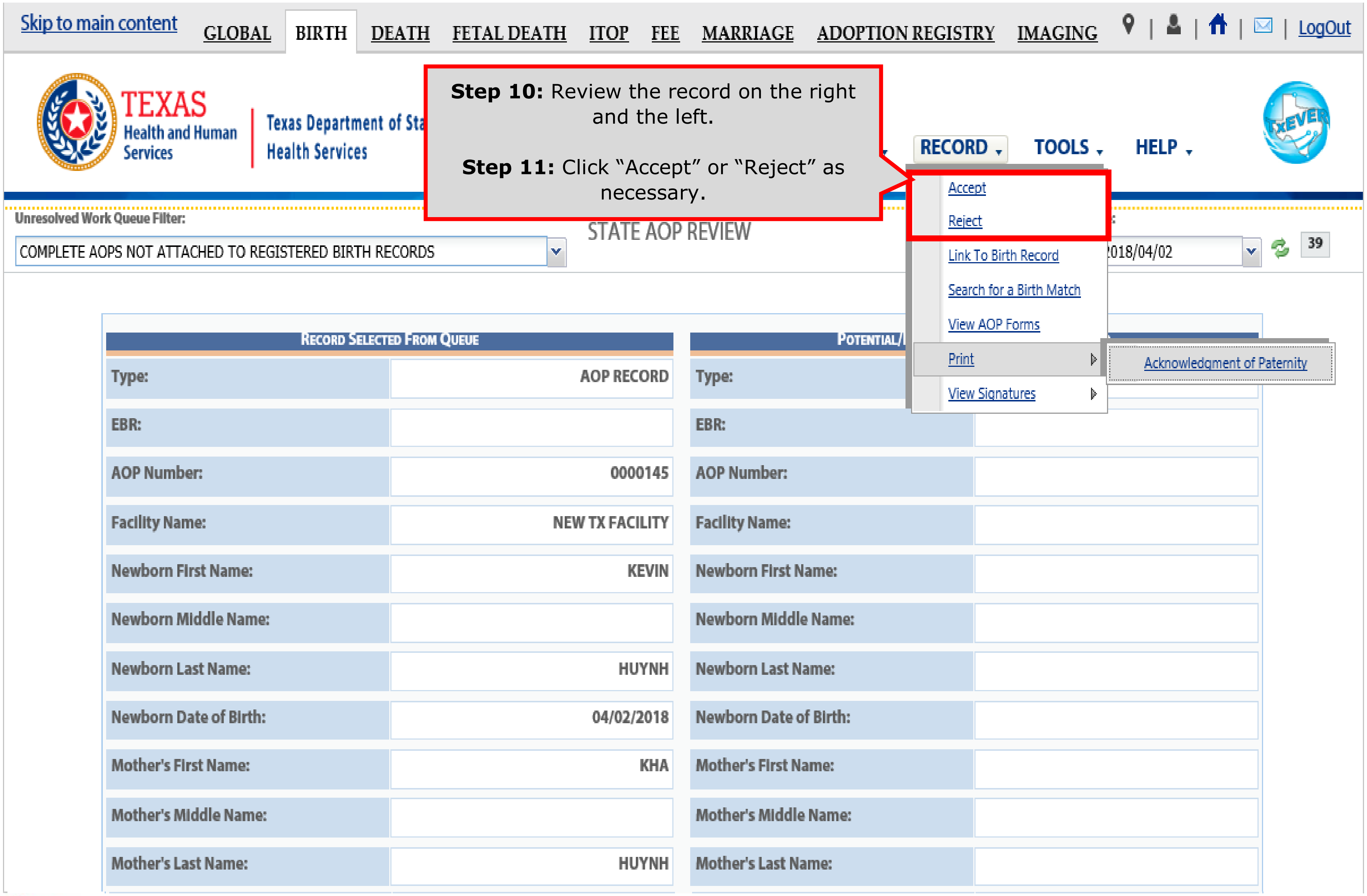
Step 6: Click "OK."

Helpful Tips

AOP Registration User Guide:

Appendix B: State AOP Review Queues

State AOP Review: Accepting and Rejecting


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
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TEXAS Health and Human Services
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Acknowledgment of Paternity
View Signatures
018/04/02
39

Step 10: Review the record on the right and the left.

Step 11: Click "Accept" or "Reject" as necessary.

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

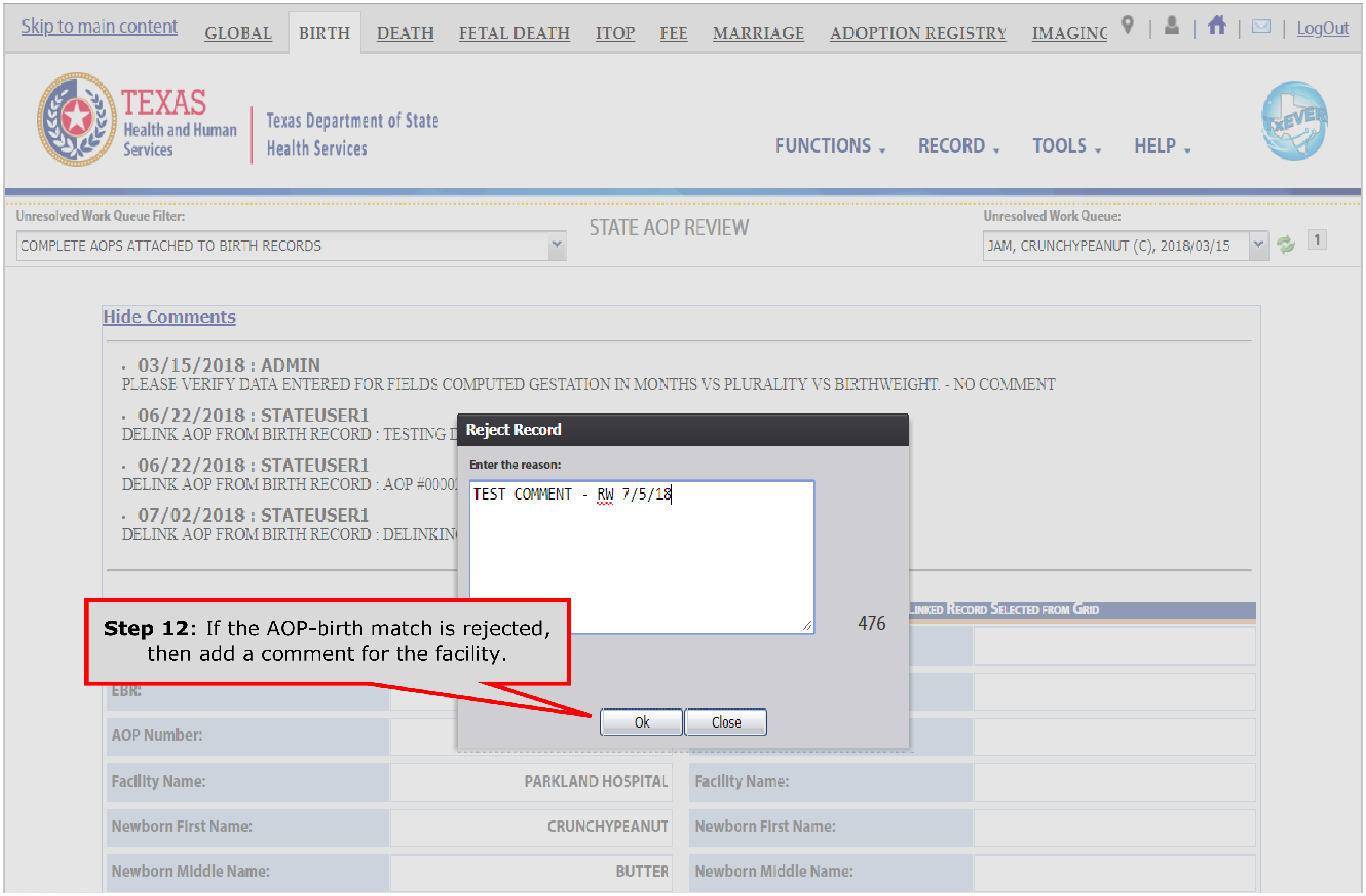
STATE AOP REVIEW

RECORD SELECTED FROM QUEUE		POTENTIAL/	
Type:	AOP RECORD	Type:	
EBR:		EBR:	
AOP Number:	0000145	AOP Number:	
Facility Name:	NEW TX FACILITY	Facility Name:	
Newborn First Name:	KEVIN	Newborn First Name:	
Newborn Middle Name:		Newborn Middle Name:	
Newborn Last Name:	HUYNH	Newborn Last Name:	
Newborn Date of Birth:	04/02/2018	Newborn Date of Birth:	
Mother's First Name:	KHA	Mother's First Name:	
Mother's Middle Name:		Mother's Middle Name:	
Mother's Last Name:	HUYNH	Mother's Last Name:	

Helpful Tips

Records can only be accepted or rejected in the "Complete AOPs Attached to Birth Records" and "AOPs Completed Only on Paper" queues.

State AOP Review: Accepting and Rejecting


Skip to main content
GLOBAL
BIRTH
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FETAL DEATH
ITOP
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MARRIAGE
ADOPTION REGISTRY
IMAGINC
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
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STATE AOP REVIEW
Hide Comments
Reject Record
Ok
Close
INKED RECORD SELECTED FROM GRID

Unresolved Work Queue Filter: COMPLETE AOPS ATTACHED TO BIRTH RECORDS

Unresolved Work Queue: JAM, CRUNCHYPEANUT (C), 2018/03/15

- 03/15/2018 : ADMIN
  PLEASE VERIFY DATA ENTERED FOR FIELDS COMPUTED GESTATION IN MONTHS VS PLURALITY VS BIRTHWEIGHT. - NO COMMENT
- 06/22/2018 : STATEUSER1
  DELINK AOP FROM BIRTH RECORD : TESTING I
- 06/22/2018 : STATEUSER1
  DELINK AOP FROM BIRTH RECORD : AOP #0000
- 07/02/2018 : STATEUSER1
  DELINK AOP FROM BIRTH RECORD : DELINKIN

Enter the reason: TEST COMMENT - RW 7/5/18

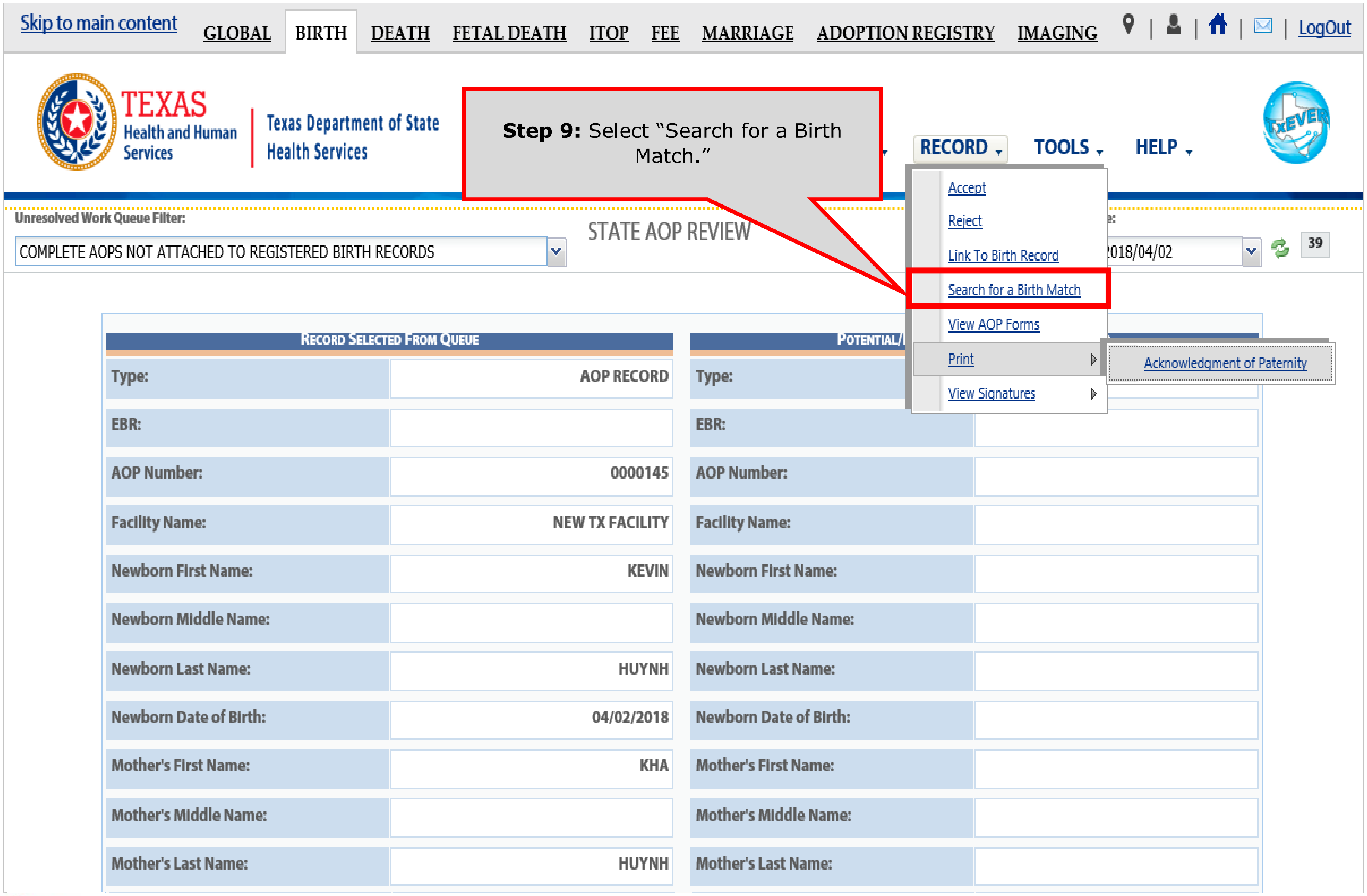
476

EBR:			
AOP Number:			
Facility Name:	PARKLAND HOSPITAL	Facility Name:	
Newborn First Name:	CRUNCHYPEANUT	Newborn First Name:	
Newborn Middle Name:	BUTTER	Newborn Middle Name:	

Step 12: If the AOP-birth match is rejected, then add a comment for the facility.

Helpful Tips

State AOP Review: Searching and Linking to Birth


Skip to main content
GLOBAL
BIRTH
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ADOPTION REGISTRY
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LogOut
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Step 9: Select "Search for a Birth Match."

STATE AOP REVIEW

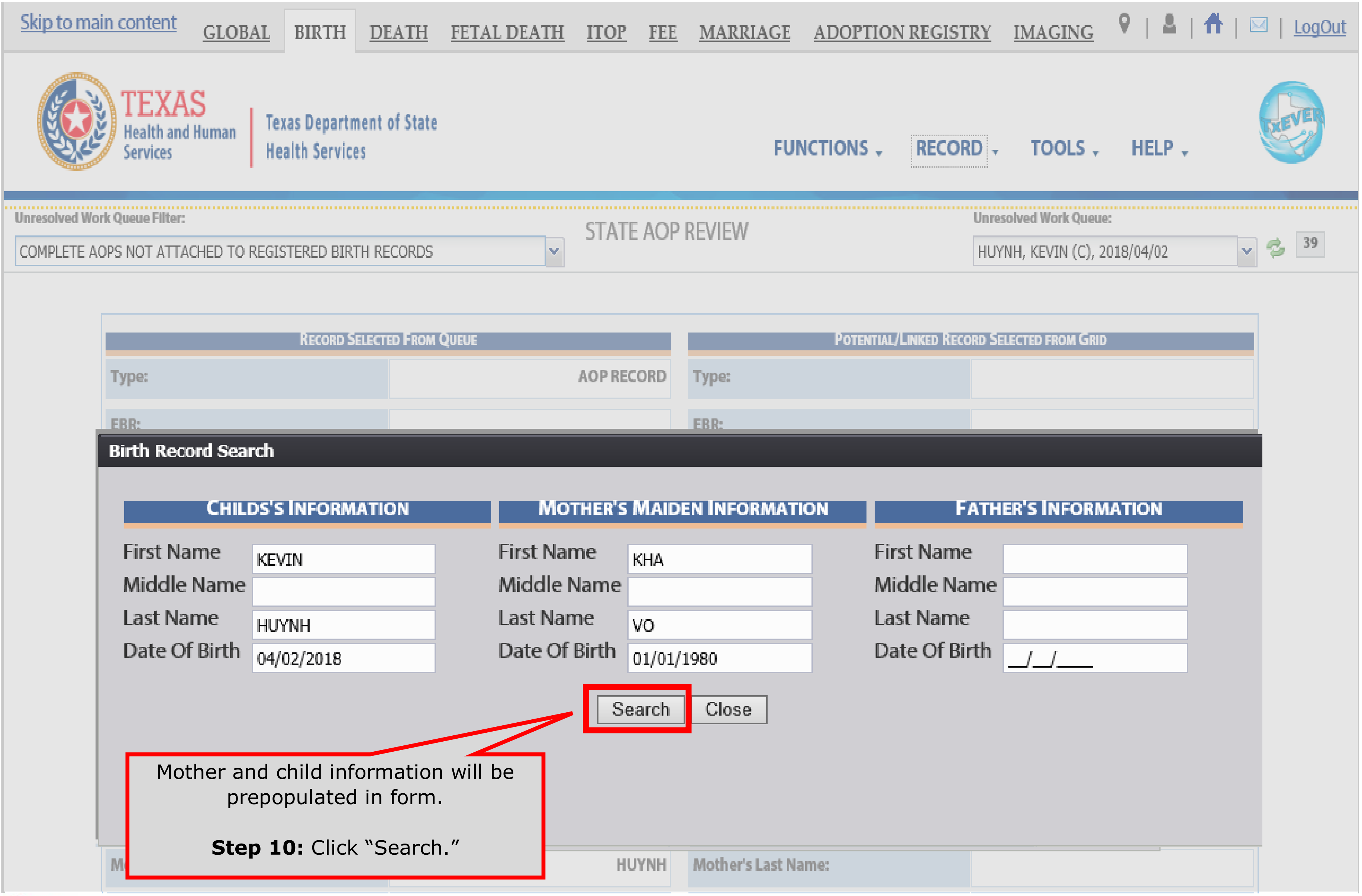
Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

2018/04/02

Record Selected From Queue		Potential/	
Type:	AOP RECORD	Type:	
EBR:		EBR:	
AOP Number:	0000145	AOP Number:	
Facility Name:	NEW TX FACILITY	Facility Name:	
Newborn First Name:	KEVIN	Newborn First Name:	
Newborn Middle Name:		Newborn Middle Name:	
Newborn Last Name:	HUYNH	Newborn Last Name:	
Newborn Date of Birth:	04/02/2018	Newborn Date of Birth:	
Mother's First Name:	KHA	Mother's First Name:	
Mother's Middle Name:		Mother's Middle Name:	
Mother's Last Name:	HUYNH	Mother's Last Name:	

Helpful Tips

State AOP Review: Searching and Linking to Birth


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
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TxEVER
Search
Close

STATE AOP REVIEW

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

Unresolved Work Queue: HUYNH, KEVIN (C), 2018/04/02 — 39

Record Selected From Queue		Potential/Linked Record Selected From Grid	
Type:	AOP RECORD	Type:	
EBR:		EBR:	
M	HUYNH	Mother's Last Name:	

Birth Record Search

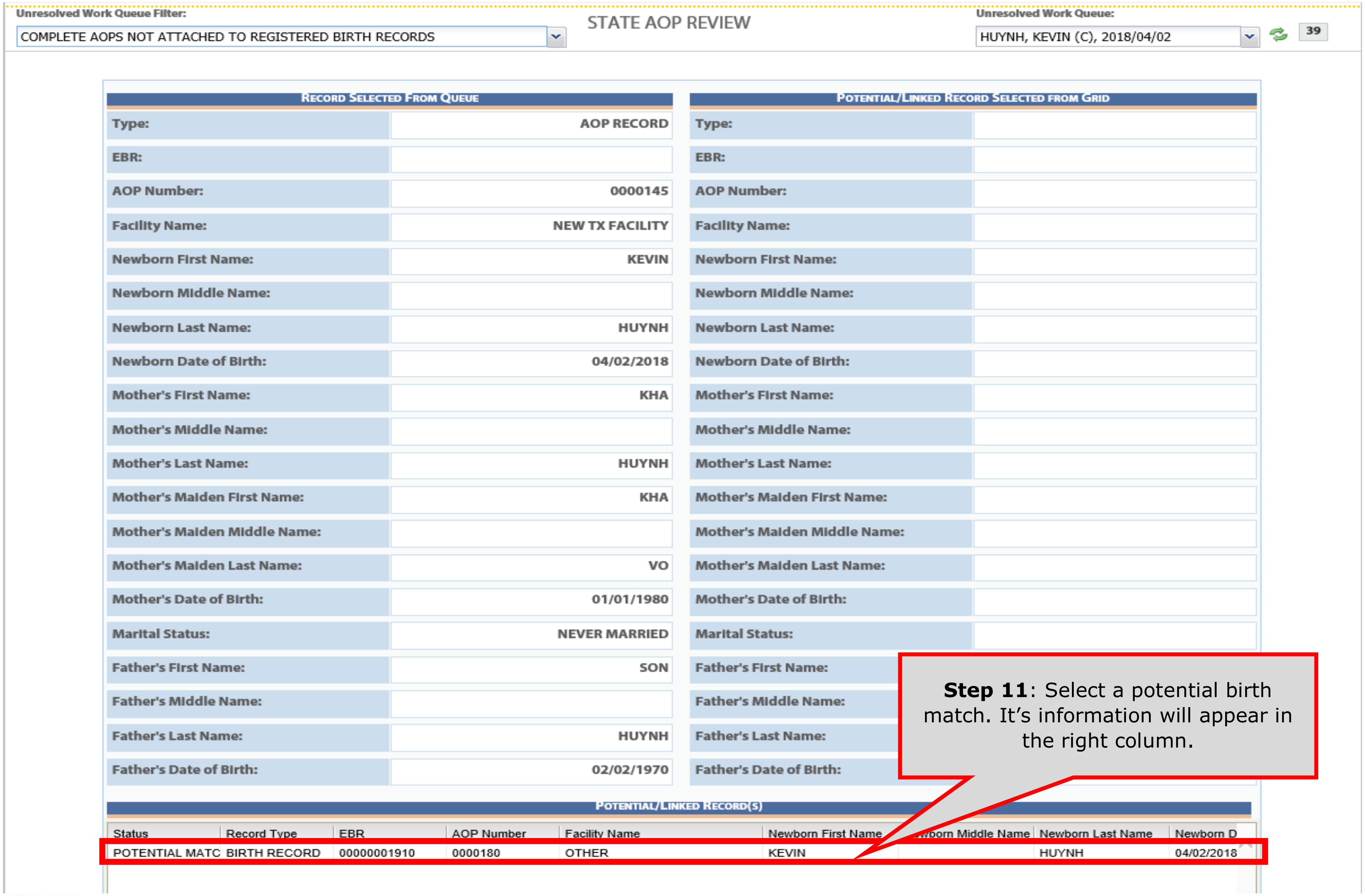
Childs's Information		Mother's Maiden Information		Father's Information	
First Name	KEVIN	First Name	KHA	First Name	
Middle Name		Middle Name		Middle Name	
Last Name	HUYNH	Last Name	VO	Last Name	
Date Of Birth	04/02/2018	Date Of Birth	01/01/1980	Date Of Birth	__/__/____

Mother and child information will be prepopulated in form.

Step 10: Click "Search."

Helpful Tips

State AOP Review: Searching and Linking to Birth



Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

STATE AOP REVIEW

Unresolved Work Queue: HUYNH, KEVIN (C), 2018/04/02

39

Record Selected From Queue		Potential/Linked Record Selected From Grid	
Type:	AOP RECORD	Type:	
EBR:		EBR:	
AOP Number:	0000145	AOP Number:	
Facility Name:	NEW TX FACILITY	Facility Name:	
Newborn First Name:	KEVIN	Newborn First Name:	
Newborn Middle Name:		Newborn Middle Name:	
Newborn Last Name:	HUYNH	Newborn Last Name:	
Newborn Date of Birth:	04/02/2018	Newborn Date of Birth:	
Mother's First Name:	KHA	Mother's First Name:	
Mother's Middle Name:		Mother's Middle Name:	
Mother's Last Name:	HUYNH	Mother's Last Name:	
Mother's Maiden First Name:	KHA	Mother's Maiden First Name:	
Mother's Maiden Middle Name:		Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	VO	Mother's Maiden Last Name:	
Mother's Date of Birth:	01/01/1980	Mother's Date of Birth:	
Marital Status:	NEVER MARRIED	Marital Status:	
Father's First Name:	SON	Father's First Name:	
Father's Middle Name:		Father's Middle Name:	
Father's Last Name:	HUYNH	Father's Last Name:	
Father's Date of Birth:	02/02/1970	Father's Date of Birth:	

Potential/Linked Record(s)

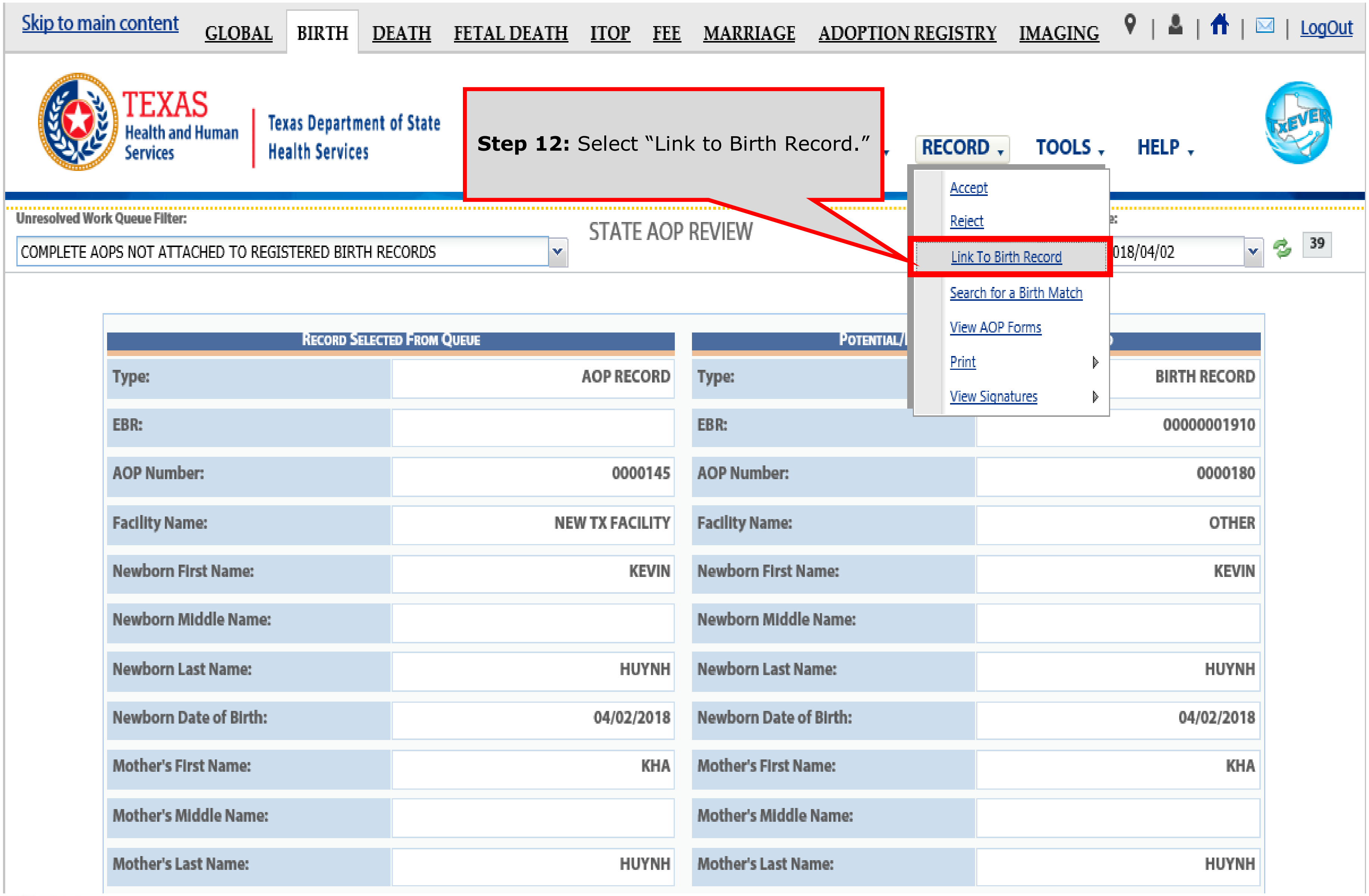
Status	Record Type	EBR	AOP Number	Facility Name	Newborn First Name	wborn Middle Name	Newborn Last Name	Newborn D
POTENTIAL MATC	BIRTH RECORD	00000001910	0000180	OTHER	KEVIN		HUYNH	04/02/2018

Step 11: Select a potential birth match. It’s information will appear in the right column.

Helpful Tips

Potential birth matches will be shown in a table at the bottom of the page. If no matches are found, you may need to change what was entered into the search window.

State AOP Review: Searching and Linking to Birth


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
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TEXAS Health and Human Services
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Link To Birth Record
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View Signatures
STATE AOP REVIEW

Step 12: Select “Link to Birth Record.”

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

018/04/02

39

RECORD SELECTED FROM QUEUE		POTENTIAL/	
Type:	AOP RECORD	Type:	BIRTH RECORD
EBR:		EBR:	00000001910
AOP Number:	0000145	AOP Number:	0000180
Facility Name:	NEW TX FACILITY	Facility Name:	OTHER
Newborn First Name:	KEVIN	Newborn First Name:	KEVIN
Newborn Middle Name:		Newborn Middle Name:	
Newborn Last Name:	HUYNH	Newborn Last Name:	HUYNH
Newborn Date of Birth:	04/02/2018	Newborn Date of Birth:	04/02/2018
Mother's First Name:	KHA	Mother's First Name:	KHA
Mother's Middle Name:		Mother's Middle Name:	
Mother's Last Name:	HUYNH	Mother's Last Name:	HUYNH

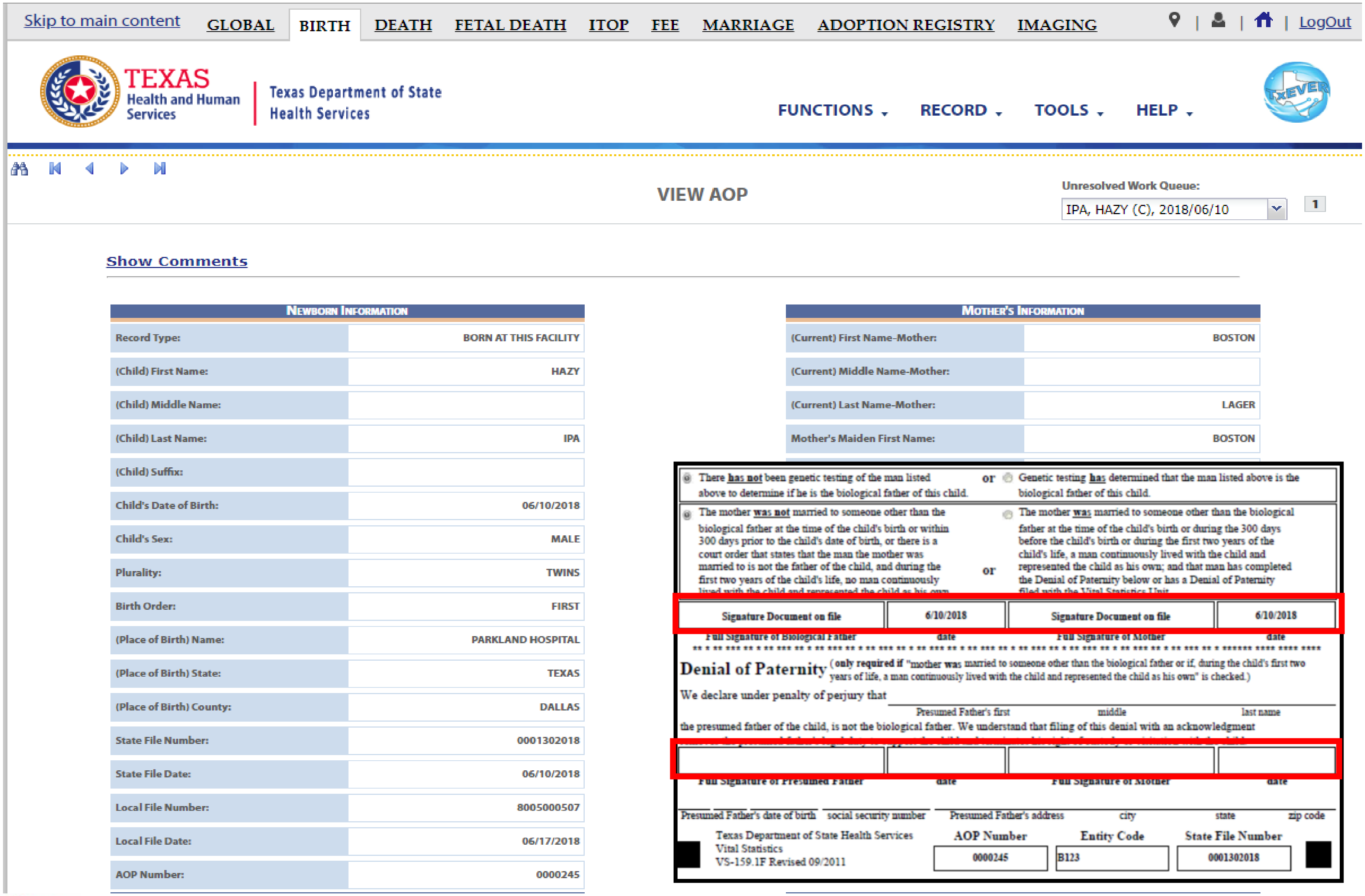
Helpful Tips

“Link to Birth Record” can only be selected if a record has been searched and displayed in the right column.

AOP Registration User Guide:

Appendix C: Change AOP from 2 to 3 party

1. AOP is currently a 2-party AOP


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
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MARRIAGE
ADOPTION REGISTRY
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LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TXEVER
VIEW AOP
Unresolved Work Queue:
IPA, HAZY (C), 2018/06/10
1
Show Comments

Newborn Information	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	HAZY
(Child) Middle Name:	
(Child) Last Name:	IPA
(Child) Suffix:	
Child's Date of Birth:	06/10/2018
Child's Sex:	MALE
Plurality:	TWINS
Birth Order:	FIRST
(Place of Birth) Name:	PARKLAND HOSPITAL
(Place of Birth) State:	TEXAS
(Place of Birth) County:	DALLAS
State File Number:	0001302018
State File Date:	06/10/2018
Local File Number:	8005000507
Local File Date:	06/17/2018
AOP Number:	0000245

Mother's Information	
(Current) First Name-Mother:	BOSTON
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	LAGER
Mother's Maiden First Name:	BOSTON

● There **has not** been genetic testing of the man listed above to determine if he is the biological father of this child. **or** ○ Genetic testing **has** determined that the man listed above is the biological father of this child.

● The mother **was not** married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **or** ○ The mother **was** married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

Signature Document on file	**6/10/2018**	**Signature Document on file**	**6/10/2018**
Full Signature of Biological Father	**date**	**Full Signature of Mother**	**date**

** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ****** **** **** ****

Denial of Paternity (**only required if** "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that ______________________
Presumed Father's first middle last name

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment

Full Signature of Presumed Father	**date**	**Full Signature of Mother**	**date**

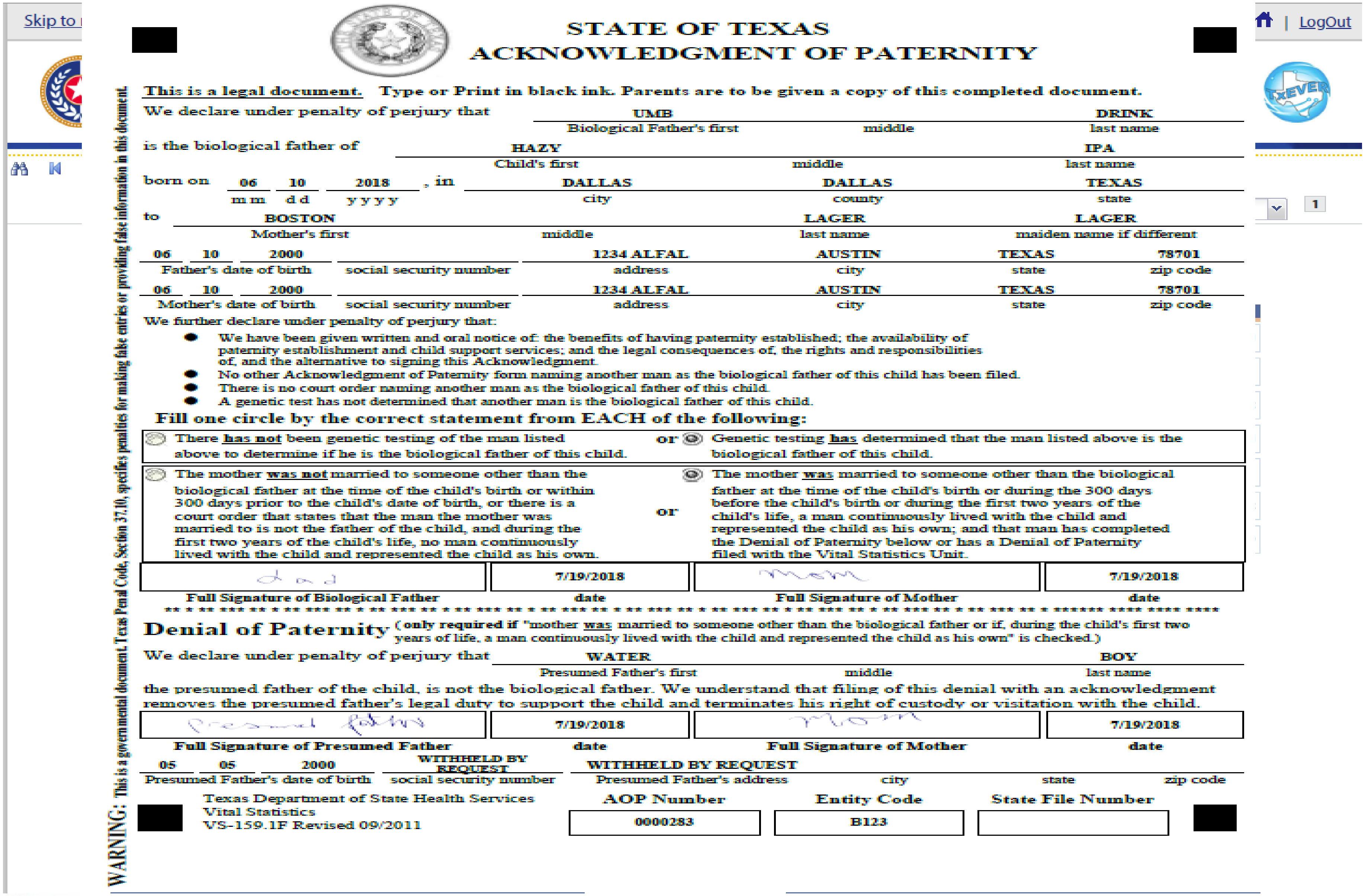
Presumed Father's date of birth | social security number | Presumed Father's address | city | state | zip code

Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

AOP Number	Entity Code	State File Number
0000245	B123	0001302018

Helpful Tips

2. Create new post-birth AOP signed by all parties



WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or Print in black ink. Parents are to be given a copy of this completed document.

We declare under penalty of perjury that UMB (Biological Father's first) ____ (middle) DRINK (last name)

is the biological father of HAZY (Child's first) ____ (middle) IPA (last name)

born on 06 (m m) 10 (d d) 2018 (y y y y), in DALLAS (city) DALLAS (county) TEXAS (state)

to BOSTON (Mother's first) ____ (middle) LAGER (last name) LAGER (maiden name if different)

06 10 2000 (Father's date of birth) ____ (social security number) 1234 ALFAL (address) AUSTIN (city) TEXAS (state) 78701 (zip code)

06 10 2000 (Mother's date of birth) ____ (social security number) 1234 ALFAL (address) AUSTIN (city) TEXAS (state) 78701 (zip code)

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- There is no court order naming another man as the biological father of this child.
- A genetic test has not determined that another man is the biological father of this child.

Fill one circle by the correct statement from EACH of the following:

○ There has not been genetic testing of the man listed above to determine if he is the biological father of this child. **or** ◉ Genetic testing has determined that the man listed above is the biological father of this child.

○ The mother was not married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **or** ◉ The mother was married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

dad	7/19/2018	mom	7/19/2018
Full Signature of Biological Father	**date**	**Full Signature of Mother**	**date**

** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ****** **** **** ****

Denial of Paternity (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that WATER (Presumed Father's first) ____ (middle) BOY (last name)

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

Presumed father	7/19/2018	mom	7/19/2018
Full Signature of Presumed Father	**date**	**Full Signature of Mother**	**date**

05 05 2000 (Presumed Father's date of birth) WITHHELD BY REQUEST (social security number) WITHHELD BY REQUEST (Presumed Father's address) ____ (city) ____ (state) ____ (zip code)

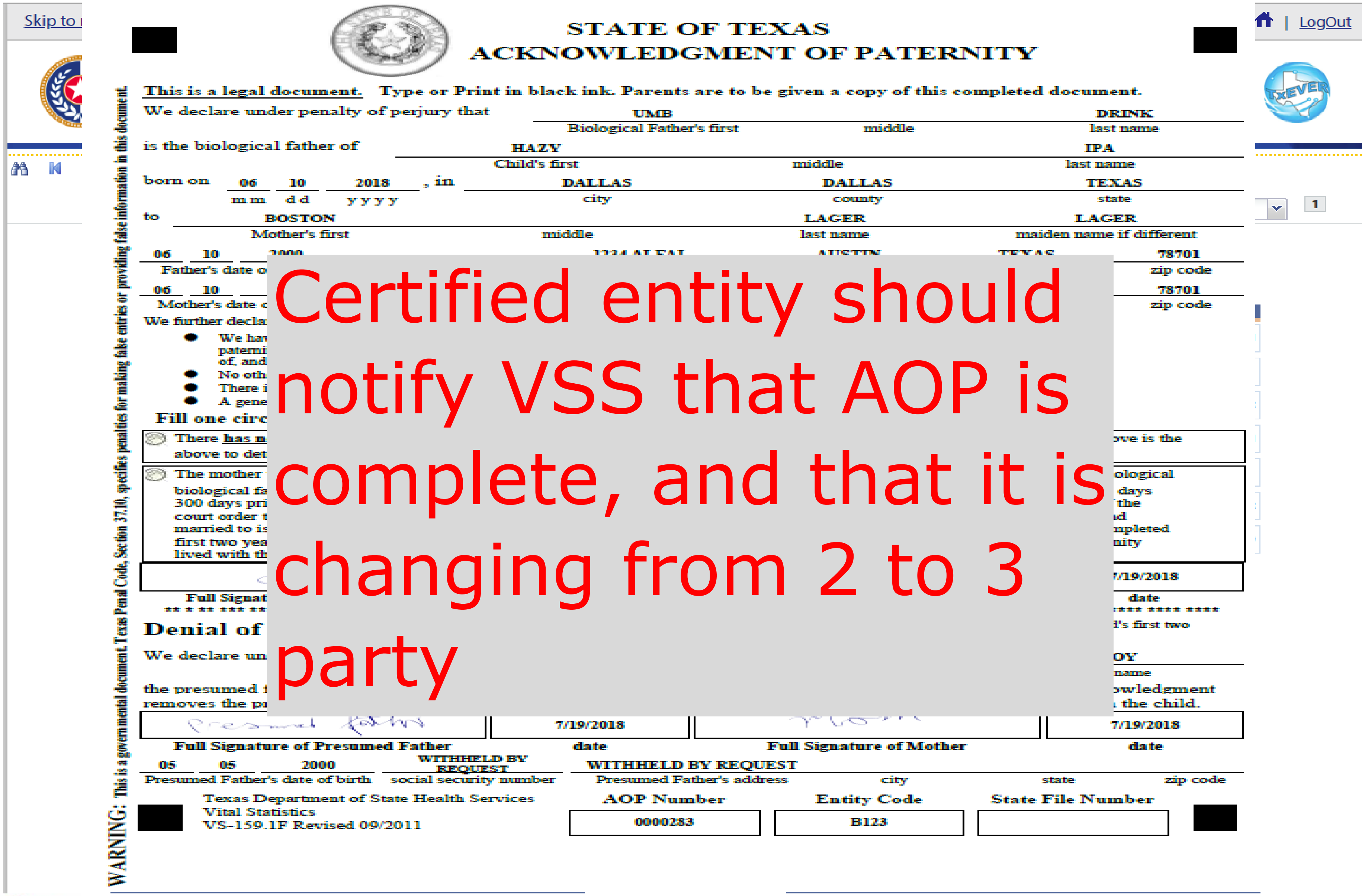
Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

AOP Number	Entity Code	State File Number
0000283	B123	

Helpful Tips

Refer to the AOP Registration user guide for more details. Be sure to submit the AOP!

3. Certified Entity Notifies VSS



Skip to | LogOut

STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or Print in black ink. Parents are to be given a copy of this completed document.

We declare under penalty of perjury that UMB (Biological Father's first) ___ (middle) DRINK (last name)

is the biological father of HAZY (Child's first) ___ (middle) IPA (last name)

born on 06 (m m) 10 (d d) 2018 (y y y y), in DALLAS (city) DALLAS (county) TEXAS (state)

to BOSTON (Mother's first) ___ (middle) LAGER (last name) LAGER (maiden name if different)

06 10 … 78701 (zip code)
Father's date o…

06 10 … 78701 (zip code)
Mother's date o…

We further decla…

- We hav… paterni… of, and…
- No oth…
- There i…
- A gene…

Fill one circ…

○ There has n… above to det… …ove is the

○ The mother … biological fa… 300 days pri… court order t… married to is… first two yea… lived with th… …ological …days …the …d …mpleted …nity

Full Signat… 7/19/2018 (date)

** * ** *** **… …**** **** ****

…'s first two

Denial of …

We declare un… …OY (…name)

the presumed f… removes the pr… …owledgment …the child.

Full Signature of Presumed Father	date	Full Signature of Mother	date
	7/19/2018		7/19/2018

05 05 2000 (Presumed Father's date of birth) WITHHELD BY REQUEST (social security number) WITHHELD BY REQUEST (Presumed Father's address) ___ (city) ___ (state) ___ (zip code)

Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

AOP Number	Entity Code	State File Number
0000283	B123	

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

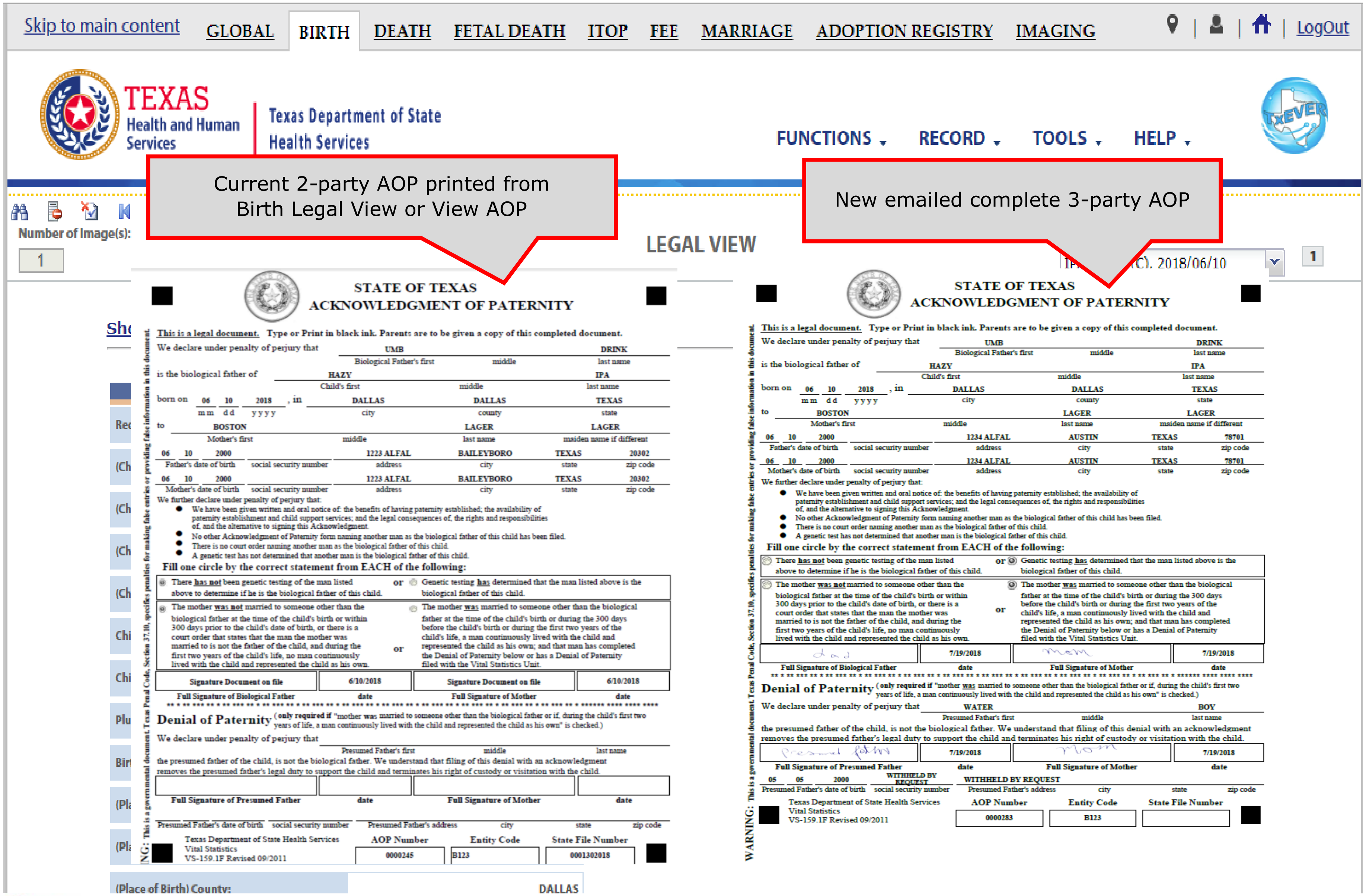
Certified entity should notify VSS that AOP is complete, and that it is changing from 2 to 3 party

Helpful Tips

Email a copy of the AOP to the VSS AOP specialists with the subject line:

Change 2 party AOP to 3 party: AOP #(__).

4. Print the emailed AOP and the current AOP



Current 2-party AOP printed from Birth Legal View or View AOP

New emailed complete 3-party AOP

STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or Print in black ink. Parents are to be given a copy of this completed document.

We declare under penalty of perjury that UMB (Biological Father's first) ___ (middle) DRINK (last name)

is the biological father of HAZY (Child's first) ___ (middle) IPA (last name)

born on 06 (mm) 10 (dd) 2018 (yyyy), in DALLAS (city) DALLAS (county) TEXAS (state)

to BOSTON (Mother's first) ___ (middle) LAGER (last name) LAGER (maiden name if different)

06 10 2000 (Father's date of birth) ___ (social security number) 1223 ALFAL (address) BAILEYBORO (city) TEXAS (state) 20302 (zip code)

06 10 2000 (Mother's date of birth) ___ (social security number) 1223 ALFAL (address) BAILEYBORO (city) TEXAS (state) 20302 (zip code)

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- There is no court order naming another man as the biological father of this child.
- A genetic test has not determined that another man is the biological father of this child.

Fill one circle by the correct statement from EACH of the following:

● There **has not** been genetic testing of the man listed above to determine if he is the biological father of this child. **or** ○ Genetic testing **has** determined that the man listed above is the biological father of this child.

● The mother **was not** married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **or** ○ The mother **was** married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

Full Signature of Biological Father	date	Full Signature of Mother	date
Signature Document on file	6/10/2018	Signature Document on file	6/10/2018

** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ****** **** **** ****

Denial of Paternity (**only required if** "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that ___ (Presumed Father's first) ___ (middle) ___ (last name)

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

Full Signature of Presumed Father	date	Full Signature of Mother	date

___ (Presumed Father's date of birth) ___ (social security number) ___ (Presumed Father's address) ___ (city) ___ (state) ___ (zip code)

Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

AOP Number	Entity Code	State File Number
0000245	B123	0001302018

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

This is a legal document. Type or Print in black ink. Parents are to be given a copy of this completed document.

We declare under penalty of perjury that UMB (Biological Father's first) ___ (middle) DRINK (last name)

is the biological father of HAZY (Child's first) ___ (middle) IPA (last name)

born on 06 (mm) 10 (dd) 2018 (yyyy), in DALLAS (city) DALLAS (county) TEXAS (state)

to BOSTON (Mother's first) ___ (middle) LAGER (last name) LAGER (maiden name if different)

06 10 2000 (Father's date of birth) ___ (social security number) 1234 ALFAL (address) AUSTIN (city) TEXAS (state) 78701 (zip code)

06 10 2000 (Mother's date of birth) ___ (social security number) 1234 ALFAL (address) AUSTIN (city) TEXAS (state) 78701 (zip code)

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- There is no court order naming another man as the biological father of this child.
- A genetic test has not determined that another man is the biological father of this child.

Fill one circle by the correct statement from EACH of the following:

○ There **has not** been genetic testing of the man listed above to determine if he is the biological father of this child. **or** ● Genetic testing **has** determined that the man listed above is the biological father of this child.

○ The mother **was not** married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own. **or** ● The mother **was** married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

Full Signature of Biological Father	date	Full Signature of Mother	date
dad	7/19/2018	mom	7/19/2018

** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ** *** ** * ****** **** **** ****

Denial of Paternity (**only required if** "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that WATER (Presumed Father's first) ___ (middle) BOY (last name)

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

Full Signature of Presumed Father	date	Full Signature of Mother	date
Presumed father	7/19/2018	Mom	7/19/2018

05 05 2000 (Presumed Father's date of birth) WITHHELD BY REQUEST (social security number) WITHHELD BY REQUEST (Presumed Father's address) ___ (city) ___ (state) ___ (zip code)

Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

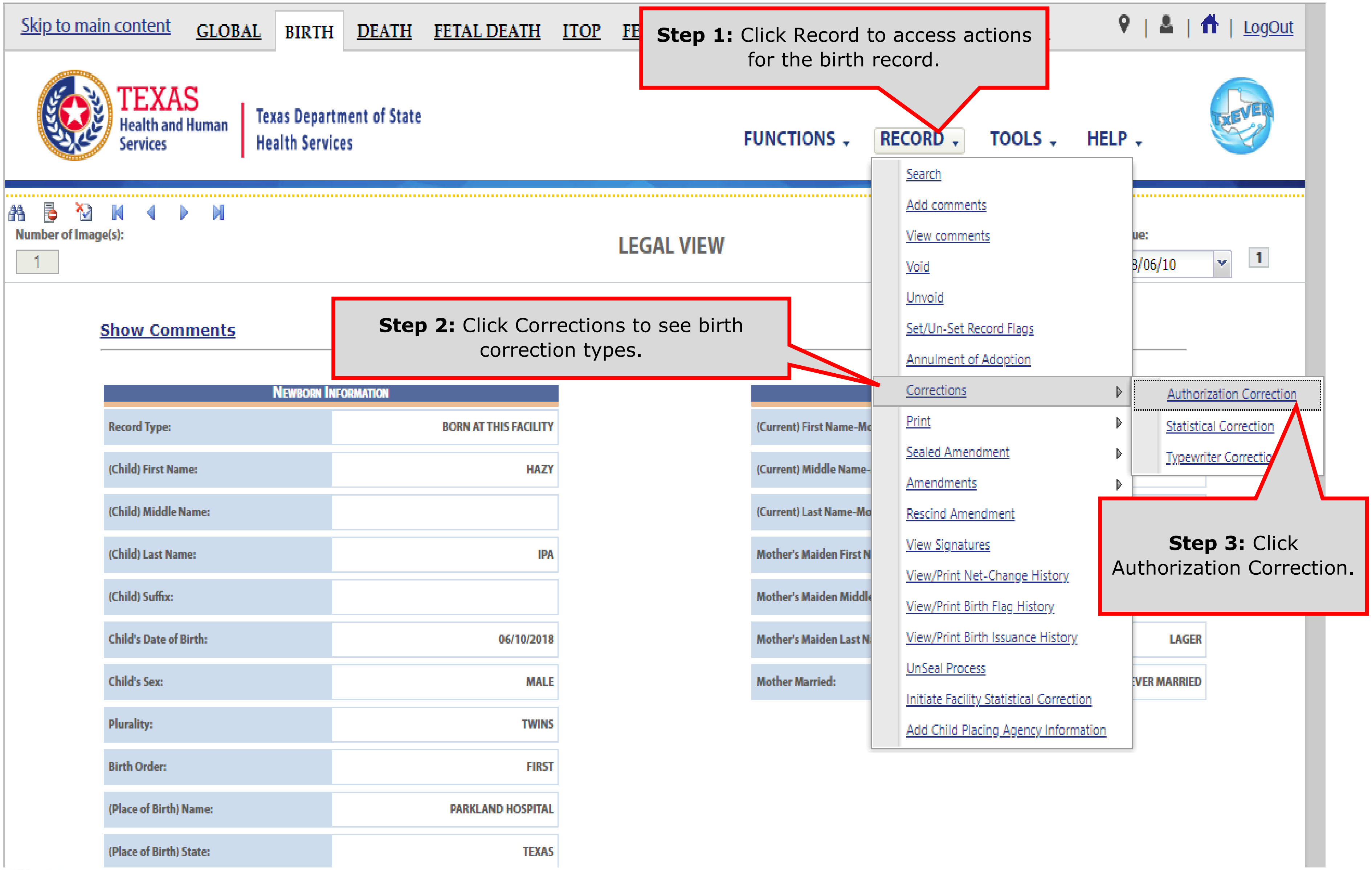
AOP Number	Entity Code	State File Number
0000283	B123	

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document.

Helpful Tips

The AOP sent from the certified entity will be 3 party, but the current AOP will still be 2 party. Print out both for your reference.

5. File an authorization correction


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
Number of Image(s):
1
LEGAL VIEW
Show Comments
Search
Add comments
View comments
Void
Unvoid
Set/Un-Set Record Flags
Annulment of Adoption
Corrections
Print
Sealed Amendment
Amendments
Rescind Amendment
View Signatures
View/Print Net-Change History
View/Print Birth Flag History
View/Print Birth Issuance History
UnSeal Process
Initiate Facility Statistical Correction
Add Child Placing Agency Information
Authorization Correction
Statistical Correction
Typewriter Correctio

Step 1: Click Record to access actions for the birth record.

Step 2: Click Corrections to see birth correction types.

Step 3: Click Authorization Correction.

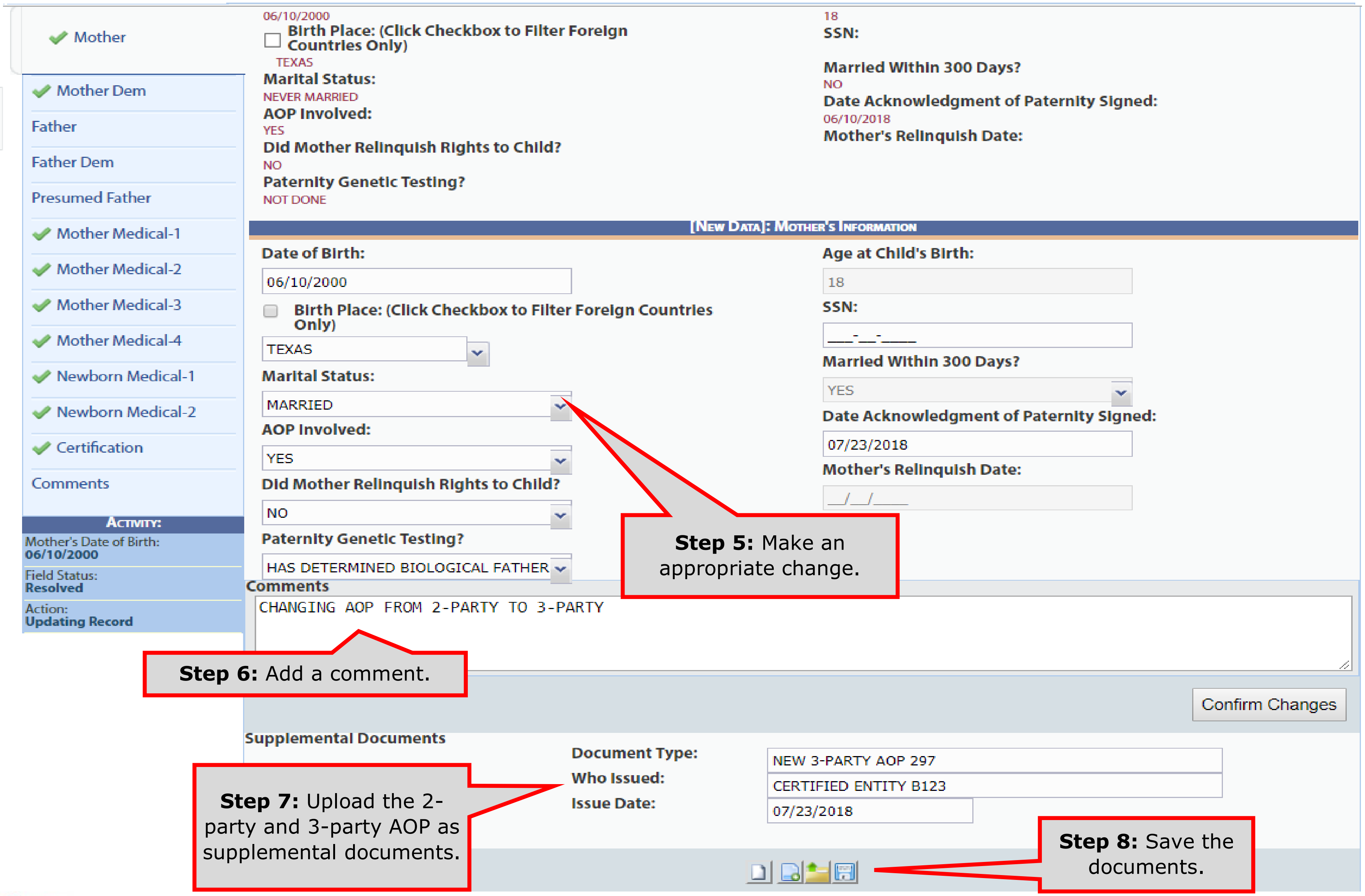
NEWBORN INFORMATION	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	HAZY
(Child) Middle Name:	
(Child) Last Name:	IPA
(Child) Suffix:	
Child's Date of Birth:	06/10/2018
Child's Sex:	MALE
Plurality:	TWINS
Birth Order:	FIRST
(Place of Birth) Name:	PARKLAND HOSPITAL
(Place of Birth) State:	TEXAS

(Current) First Name-Mc	
(Current) Middle Name-	
(Current) Last Name-Mo	
Mother's Maiden First N	
Mother's Maiden Middl	
Mother's Maiden Last N	LAGER
Mother Married:	EVER MARRIED

Helpful Tips

An authorization correction will allow you to change information on the birth record without a formal amendment.

5. File an authorization correction


✓ Mother
✓ Mother Dem
Father
Father Dem
Presumed Father
✓ Mother Medical-1
✓ Mother Medical-2
✓ Mother Medical-3
✓ Mother Medical-4
✓ Newborn Medical-1
✓ Newborn Medical-2
✓ Certification
Comments
Confirm Changes

06/10/2000

☐ **Birth Place: (Click Checkbox to Filter Foreign Countries Only)**
TEXAS

Marital Status:
NEVER MARRIED

AOP Involved:
YES

Did Mother Relinquish Rights to Child?
NO

Paternity Genetic Testing?
NOT DONE

18

SSN:

Married Within 300 Days?
NO

Date Acknowledgment of Paternity Signed:
06/10/2018

Mother's Relinquish Date:

[NEW DATA]: MOTHER'S INFORMATION

Date of Birth: 06/10/2000

☐ **Birth Place: (Click Checkbox to Filter Foreign Countries Only)** TEXAS

Marital Status: MARRIED

AOP Involved: YES

Did Mother Relinquish Rights to Child? NO

Paternity Genetic Testing? HAS DETERMINED BIOLOGICAL FATHER

Age at Child's Birth: 18

SSN: ___-__-____

Married Within 300 Days? YES

Date Acknowledgment of Paternity Signed: 07/23/2018

Mother's Relinquish Date: __/__/____

ACTIVITY:

Mother's Date of Birth:
06/10/2000

Field Status:
Resolved

Action:
Updating Record

Comments

CHANGING AOP FROM 2-PARTY TO 3-PARTY

Supplemental Documents

Document Type: NEW 3-PARTY AOP 297

Who Issued: CERTIFIED ENTITY B123

Issue Date: 07/23/2018

Step 5: Make an appropriate change.

Step 6: Add a comment.

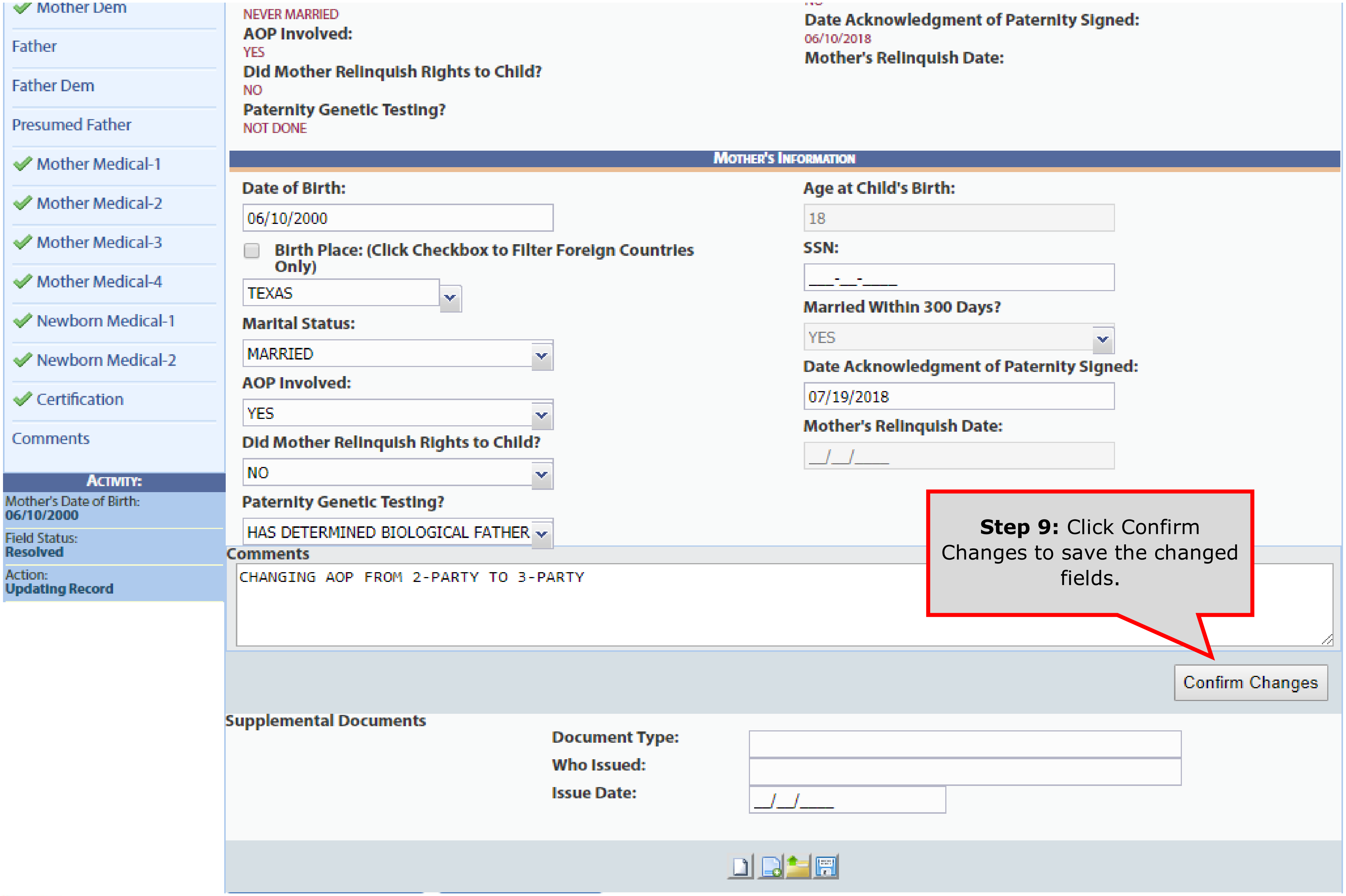
Step 7: Upload the 2-party and 3-party AOP as supplemental documents.

Step 8: Save the documents.

Helpful Tips

Only marital status, AOP involved, presumed father information, and paternity questions should be changed when converting an AOP from 2-party to 3-party (even if other items are different on submitted AOP).

5. File an authorization correction


✓ Mother Dem
Father
Father Dem
Presumed Father
✓ Mother Medical-1
✓ Mother Medical-2
✓ Mother Medical-3
✓ Mother Medical-4
✓ Newborn Medical-1
✓ Newborn Medical-2
✓ Certification
Comments
Confirm Changes

ACTIVITY:

Mother's Date of Birth: **06/10/2000**

Field Status: **Resolved**

Action: **Updating Record**

NEVER MARRIED

AOP Involved: YES

Did Mother Relinquish Rights to Child? NO

Paternity Genetic Testing? NOT DONE

Date Acknowledgment of Paternity Signed: 06/10/2018

Mother's Relinquish Date:

MOTHER'S INFORMATION

Date of Birth: 06/10/2000

Age at Child's Birth: 18

☐ **Birth Place: (Click Checkbox to Filter Foreign Countries Only)** TEXAS

SSN: ___-__-____

Marital Status: MARRIED

Married Within 300 Days? YES

AOP Involved: YES

Date Acknowledgment of Paternity Signed: 07/19/2018

Did Mother Relinquish Rights to Child? NO

Mother's Relinquish Date: __/__/____

Paternity Genetic Testing? HAS DETERMINED BIOLOGICAL FATHER

Comments

CHANGING AOP FROM 2-PARTY TO 3-PARTY

Supplemental Documents

Document Type:

Who Issued:

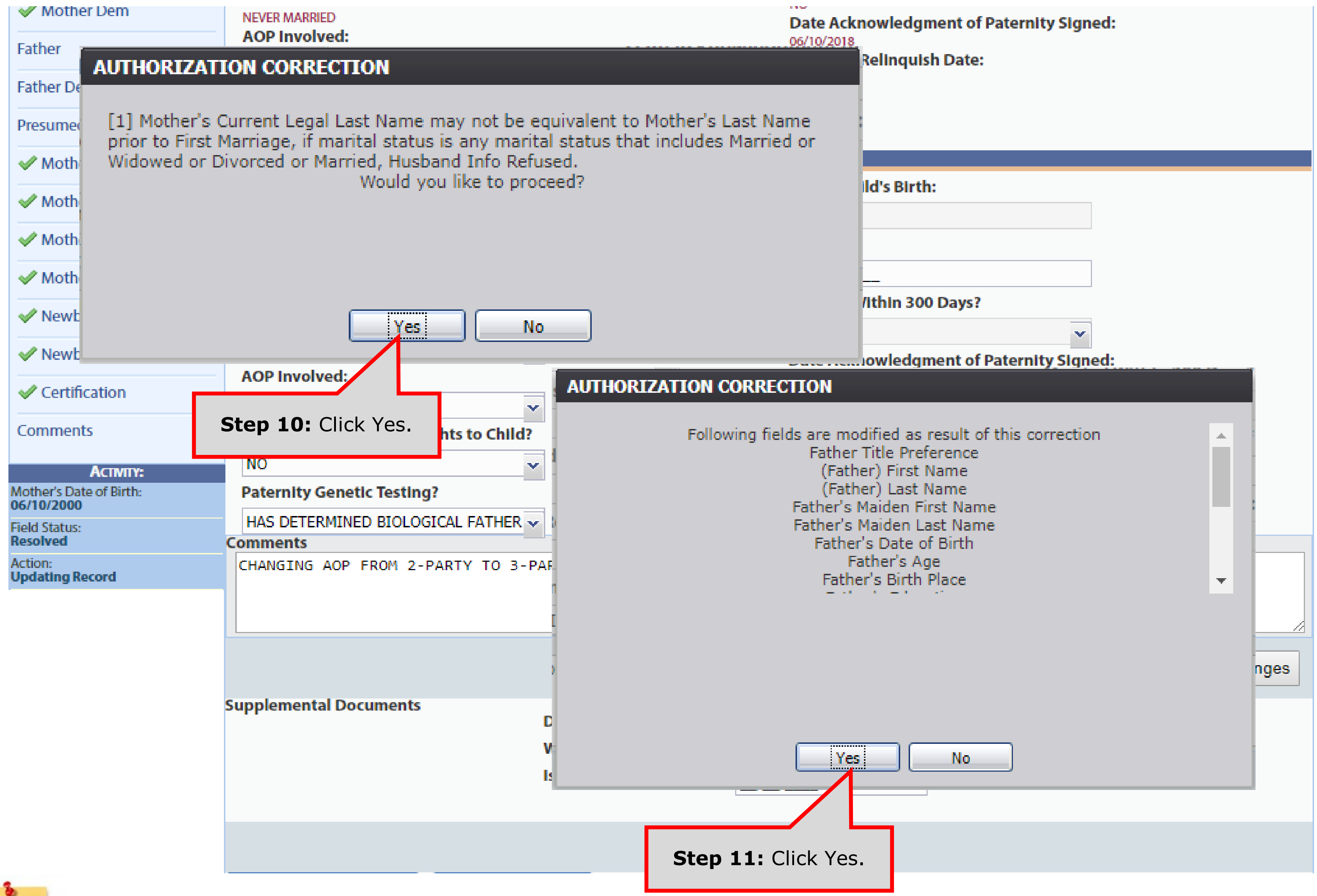
Issue Date: __/__/____

Step 9: Click Confirm Changes to save the changed fields.

Helpful Tips

Only marital status, AOP involved, presumed father information, and paternity questions should be changed when converting an AOP from 2-party to 3-party (even if other items are different on submitted AOP).

5. File an authorization correction



AUTHORIZATION CORRECTION

[1] Mother's Current Legal Last Name may not be equivalent to Mother's Last Name prior to First Marriage, if marital status is any marital status that includes Married or Widowed or Divorced or Married, Husband Info Refused.
Would you like to proceed?

Step 10: Click Yes.

AUTHORIZATION CORRECTION

Following fields are modified as result of this correction
Father Title Preference
(Father) First Name
(Father) Last Name
Father's Maiden First Name
Father's Maiden Last Name
Father's Date of Birth
Father's Age
Father's Birth Place

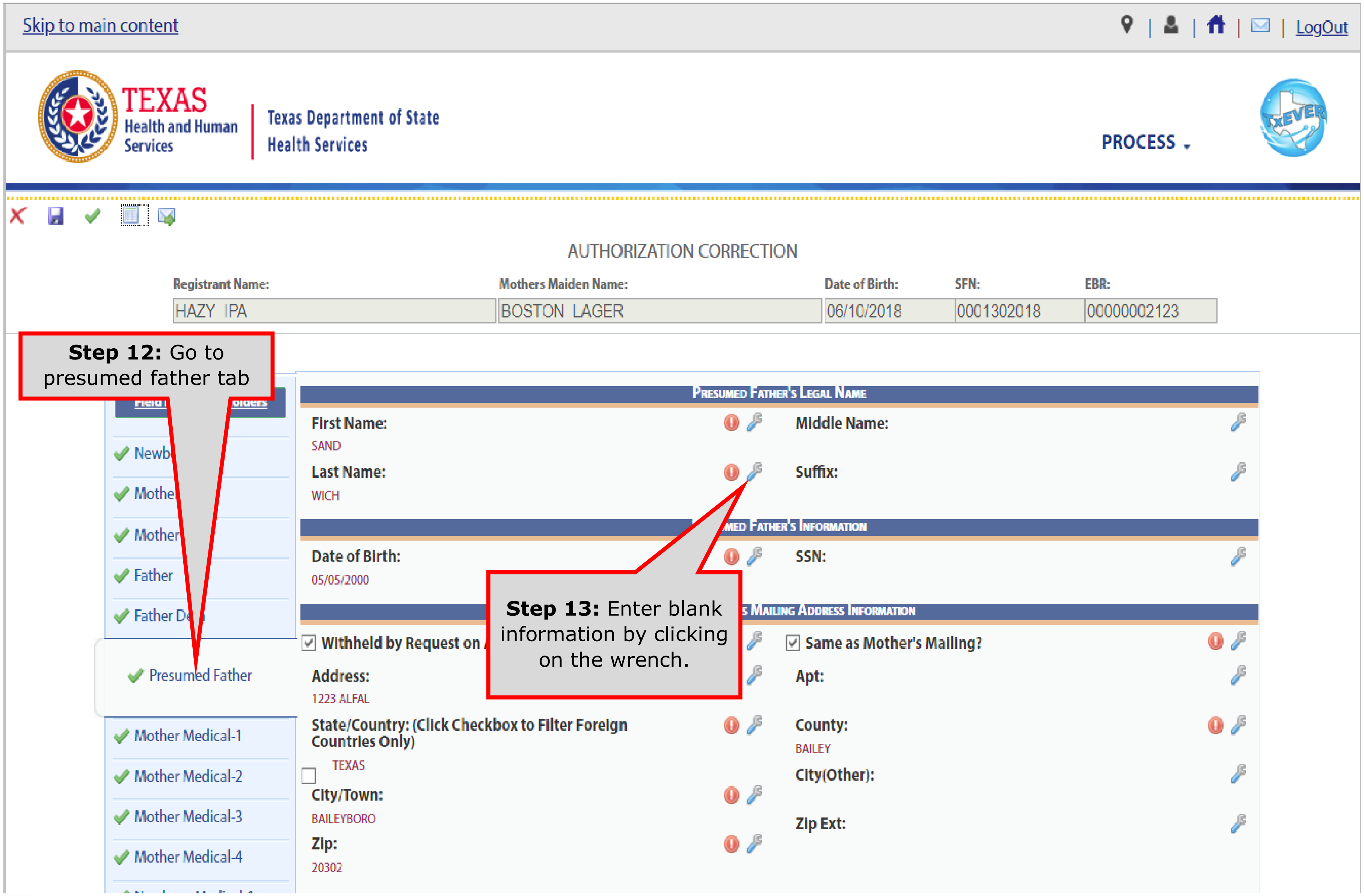
Step 11: Click Yes.

Mother Dem
Father
Father De
Presume
Moth
Moth
Moth
Moth
Newb
Newb
Certification
Comments
ACTIVITY:
Mother's Date of Birth: 06/10/2000
Field Status: Resolved
Action: Updating Record
NEVER MARRIED
AOP Involved:
Date Acknowledgment of Paternity Signed:
06/10/2018
Relinquish Date:
ld's Birth:
ithin 300 Days?
Yes
No
AOP Involved:
hts to Child?
NO
Paternity Genetic Testing?
HAS DETERMINED BIOLOGICAL FATHER
Comments
CHANGING AOP FROM 2-PARTY TO 3-PAR
nges
Supplemental Documents
Yes
No

Helpful Tips

The father information will be deleted if you change mother’s marital status.

5. File an authorization correction


Skip to main content
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
PROCESS
TxEVER
Field Folders
Newb
Mothe
Mother
Father
Father De
Presumed Father
Mother Medical-1
Mother Medical-2
Mother Medical-3
Mother Medical-4

AUTHORIZATION CORRECTION

Registrant Name:	Mothers Maiden Name:	Date of Birth:	SFN:	EBR:
HAZY IPA	BOSTON LAGER	06/10/2018	0001302018	00000002123

Step 12: Go to presumed father tab

PRESUMED FATHER'S LEGAL NAME

First Name: SAND

Middle Name:

Last Name: WICH

Suffix:

MED FATHER'S INFORMATION

Date of Birth: 05/05/2000

SSN:

S MAILING ADDRESS INFORMATION

☑ Withheld by Request on

☑ Same as Mother's Mailing?

Address: 1223 ALFAL

Apt:

State/Country: (Click Checkbox to Filter Foreign Countries Only) ☐ TEXAS

County: BAILEY

City(Other):

City/Town: BAILEYBORO

Zip: 20302

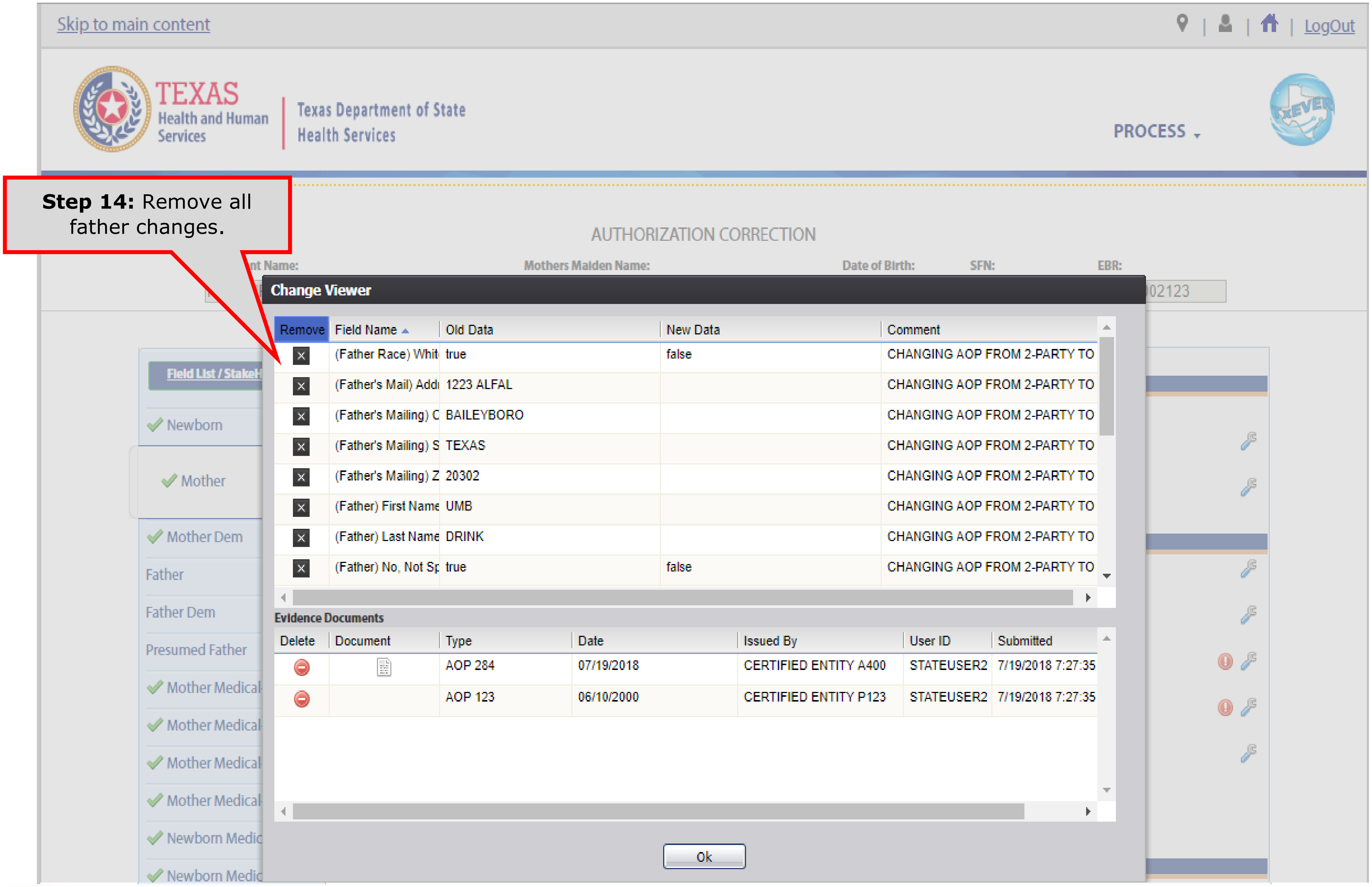
Zip Ext:

Step 13: Enter blank information by clicking on the wrench.

Helpful Tips

Although presumed father's information is being added to birth record, it will not appear on the legal birth record. It will only be on the AOP.

6. Cancel Father Changes


Skip to main content
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
PROCESS
TxEVER
AUTHORIZATION CORRECTION
nt Name:
Mothers Maiden Name:
Date of Birth:
SFN:
EBR:
02123
Field List / StakeH
Newborn
Mother
Mother Dem
Father
Father Dem
Presumed Father
Mother Medical
Mother Medical
Mother Medical
Mother Medical
Newborn Medic
Newborn Medic
Change Viewer
Evidence Documents
Ok

Step 14: Remove all father changes.

Remove	Field Name ▲	Old Data	New Data	Comment
☒	(Father Race) Whit	true	false	CHANGING AOP FROM 2-PARTY TO
☒	(Father's Mail) Addı	1223 ALFAL		CHANGING AOP FROM 2-PARTY TO
☒	(Father's Mailing) C	BAILEYBORO		CHANGING AOP FROM 2-PARTY TO
☒	(Father's Mailing) S	TEXAS		CHANGING AOP FROM 2-PARTY TO
☒	(Father's Mailing) Z	20302		CHANGING AOP FROM 2-PARTY TO
☒	(Father) First Name	UMB		CHANGING AOP FROM 2-PARTY TO
☒	(Father) Last Name	DRINK		CHANGING AOP FROM 2-PARTY TO
☒	(Father) No, Not Sp	true	false	CHANGING AOP FROM 2-PARTY TO

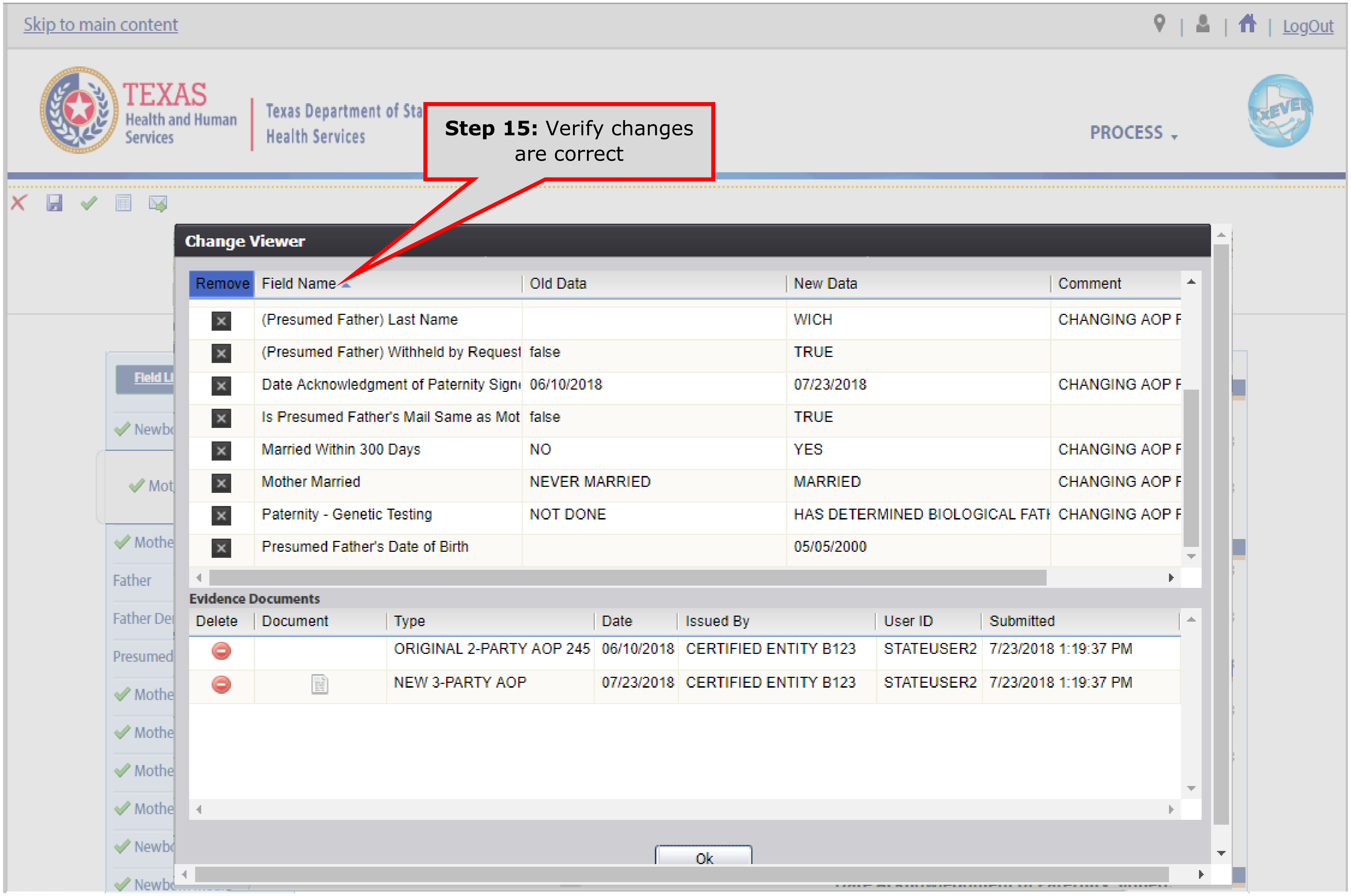
Evidence Documents

Delete	Document	Type	Date	Issued By	User ID	Submitted
⊖	🗎	AOP 284	07/19/2018	CERTIFIED ENTITY A400	STATEUSER2	7/19/2018 7:27:35
⊖		AOP 123	06/10/2000	CERTIFIED ENTITY P123	STATEUSER2	7/19/2018 7:27:35

Helpful Tips

The father information will be deleted if you change mother's marital status.
Go back and cancel the changes.

6. Verify that changes are correct


Skip to main content
LogOut
TEXAS Health and Human Services
Texas Department of Sta
Health Services
PROCESS
Change Viewer
Ok

Step 15: Verify changes are correct

Remove	Field Name	Old Data	New Data	Comment
☒	(Presumed Father) Last Name		WICH	CHANGING AOP F
☒	(Presumed Father) Withheld by Request	false	TRUE	
☒	Date Acknowledgment of Paternity Sign	06/10/2018	07/23/2018	CHANGING AOP F
☒	Is Presumed Father's Mail Same as Mot	false	TRUE	
☒	Married Within 300 Days	NO	YES	CHANGING AOP F
☒	Mother Married	NEVER MARRIED	MARRIED	CHANGING AOP F
☒	Paternity - Genetic Testing	NOT DONE	HAS DETERMINED BIOLOGICAL FATH	CHANGING AOP F
☒	Presumed Father's Date of Birth		05/05/2000	

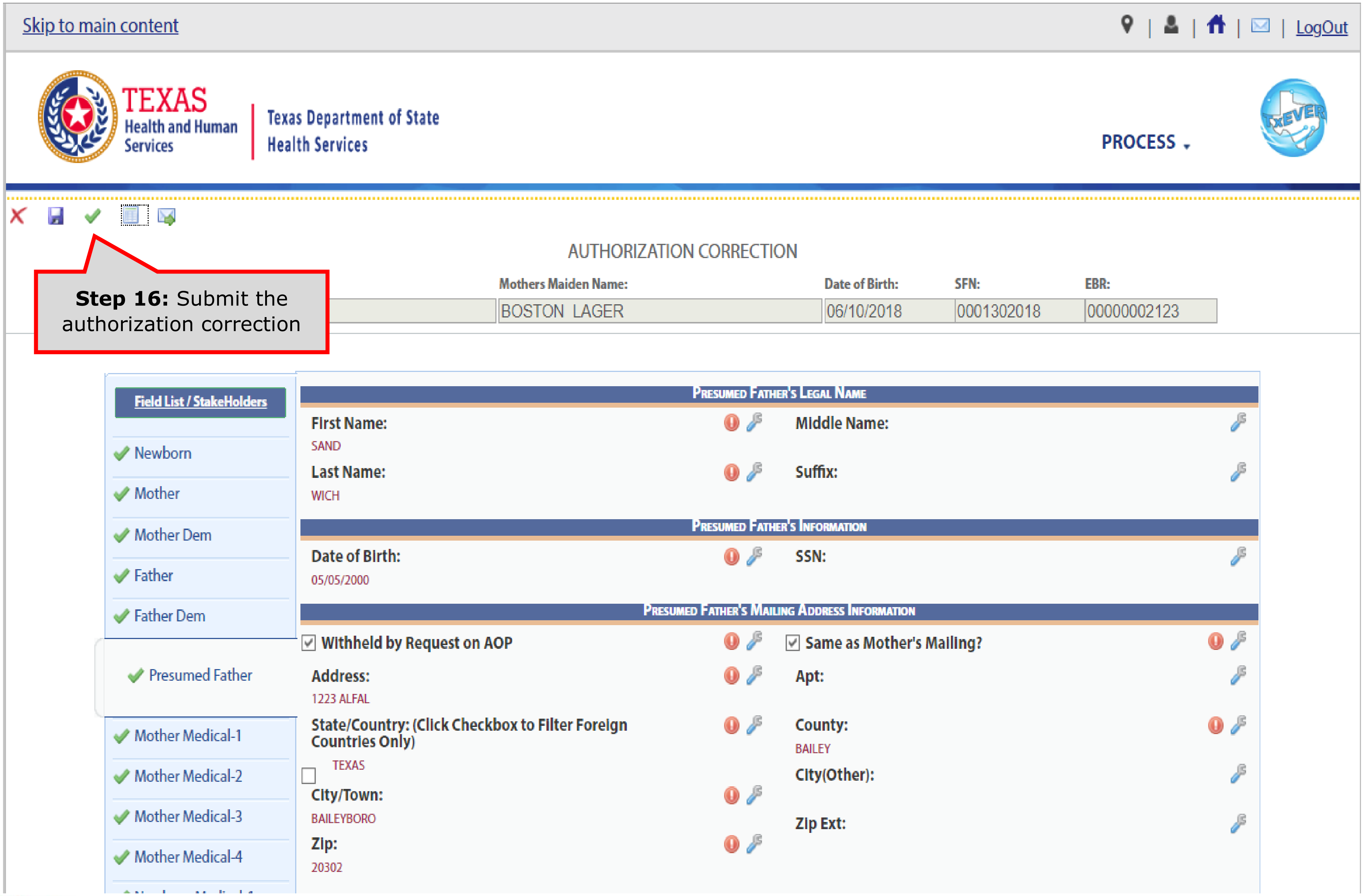
Evidence Documents

Delete	Document	Type	Date	Issued By	User ID	Submitted
⊖		ORIGINAL 2-PARTY AOP 245	06/10/2018	CERTIFIED ENTITY B123	STATEUSER2	7/23/2018 1:19:37 PM
⊖	🗎	NEW 3-PARTY AOP	07/23/2018	CERTIFIED ENTITY B123	STATEUSER2	7/23/2018 1:19:37 PM

Helpful Tips

There should only be changes to fields for presumed father, date AOP signed, married within 300 days, mother married, and paternity genetic testing.

5. File an authorization correction


Skip to main content
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
PROCESS
TxEVER

AUTHORIZATION CORRECTION

Step 16: Submit the authorization correction

Mothers Maiden Name:	Date of Birth:	SFN:	EBR:
BOSTON LAGER	06/10/2018	0001302018	00000002123

Field List / StakeHolders
✓ Newborn
✓ Mother
✓ Mother Dem
✓ Father
✓ Father Dem
✓ Presumed Father
✓ Mother Medical-1
✓ Mother Medical-2
✓ Mother Medical-3
✓ Mother Medical-4

PRESUMED FATHER'S LEGAL NAME

First Name: SAND

Middle Name:

Last Name: WICH

Suffix:

PRESUMED FATHER'S INFORMATION

Date of Birth: 05/05/2000

SSN:

PRESUMED FATHER'S MAILING ADDRESS INFORMATION

☑ Withheld by Request on AOP

☑ Same as Mother's Mailing?

Address: 1223 ALFAL

Apt:

State/Country: (Click Checkbox to Filter Foreign Countries Only) ☐ TEXAS

County: BAILEY

City/Town: BAILEYBORO

City(Other):

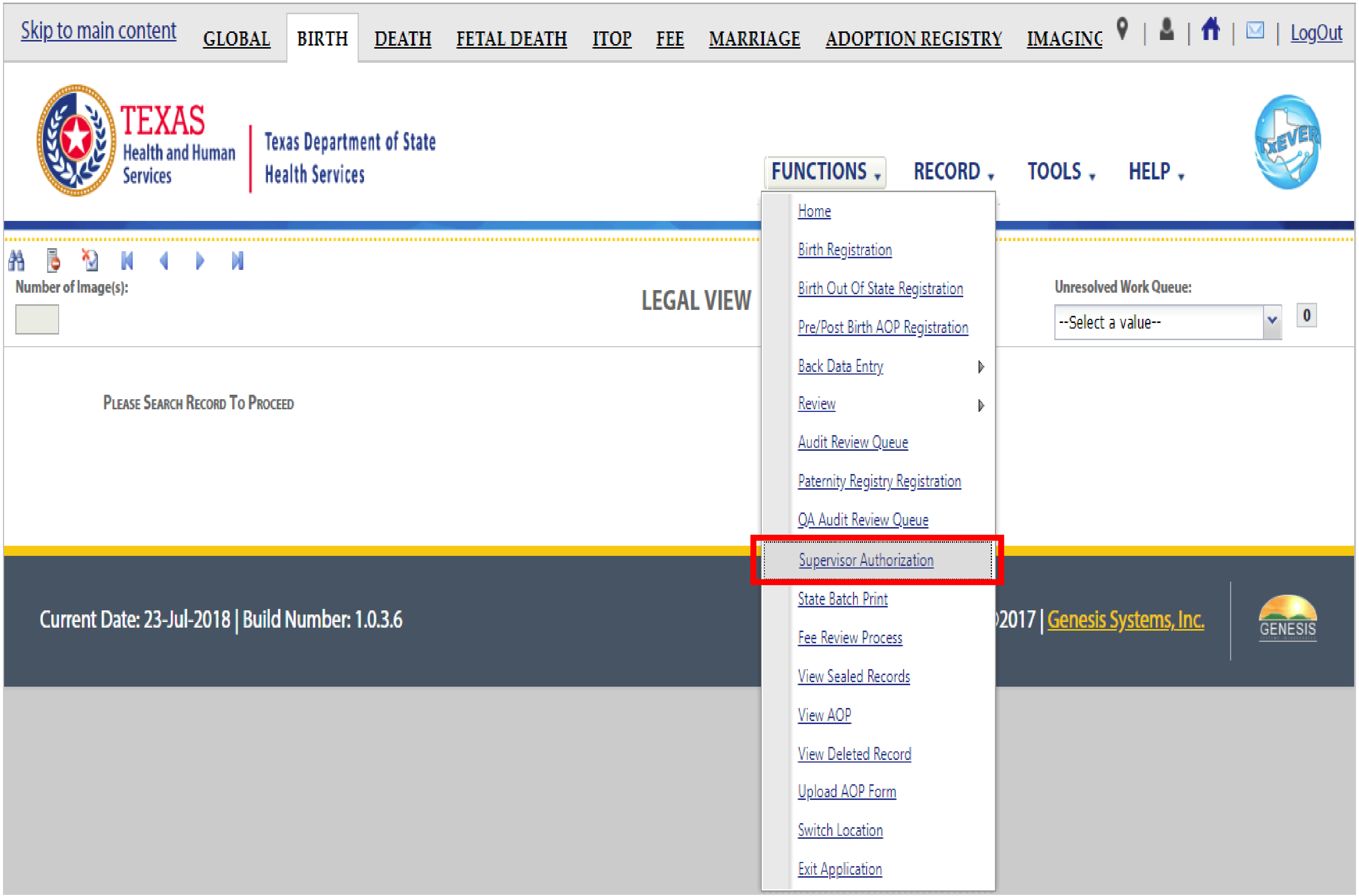
Zip: 20302

Zip Ext:

Helpful Tips

Although presumed father's information is being added to birth record, it will not appear on the legal birth record. It will only be on the AOP.

5. File an authorization correction


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
Number of Image(s):
LEGAL VIEW
Unresolved Work Queue:
--Select a value--
0
Home
Birth Registration
Birth Out Of State Registration
Pre/Post Birth AOP Registration
Back Data Entry
Review
Audit Review Queue
Paternity Registry Registration
QA Audit Review Queue
Supervisor Authorization
State Batch Print
Fee Review Process
View Sealed Records
View AOP
View Deleted Record
Upload AOP Form
Switch Location
Exit Application
2017 | Genesis Systems, Inc.
GENESIS

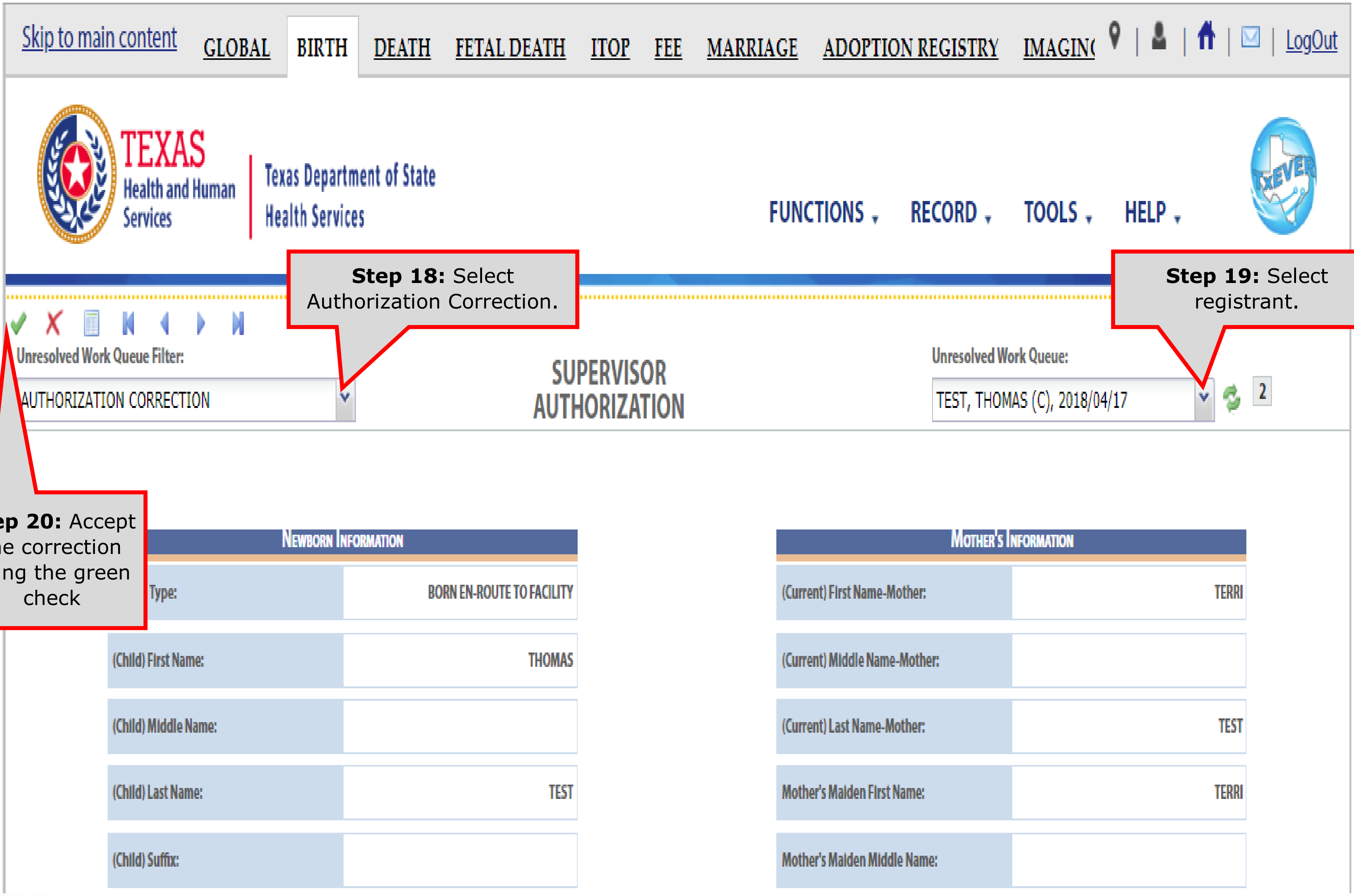
PLEASE SEARCH RECORD TO PROCEED

Current Date: 23-Jul-2018 | Build Number: 1.0.3.6

Helpful Tips

Although presumed father’s information is being added to birth record, it will not appear on the legal birth record. It will only be on the AOP.

6. Verify that changes are correct


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGIN
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER

Step 18: Select Authorization Correction.

Step 19: Select registrant.

Step 20: Accept the correction using the green check

Unresolved Work Queue Filter: AUTHORIZATION CORRECTION

SUPERVISOR AUTHORIZATION

Unresolved Work Queue: TEST, THOMAS (C), 2018/04/17

2

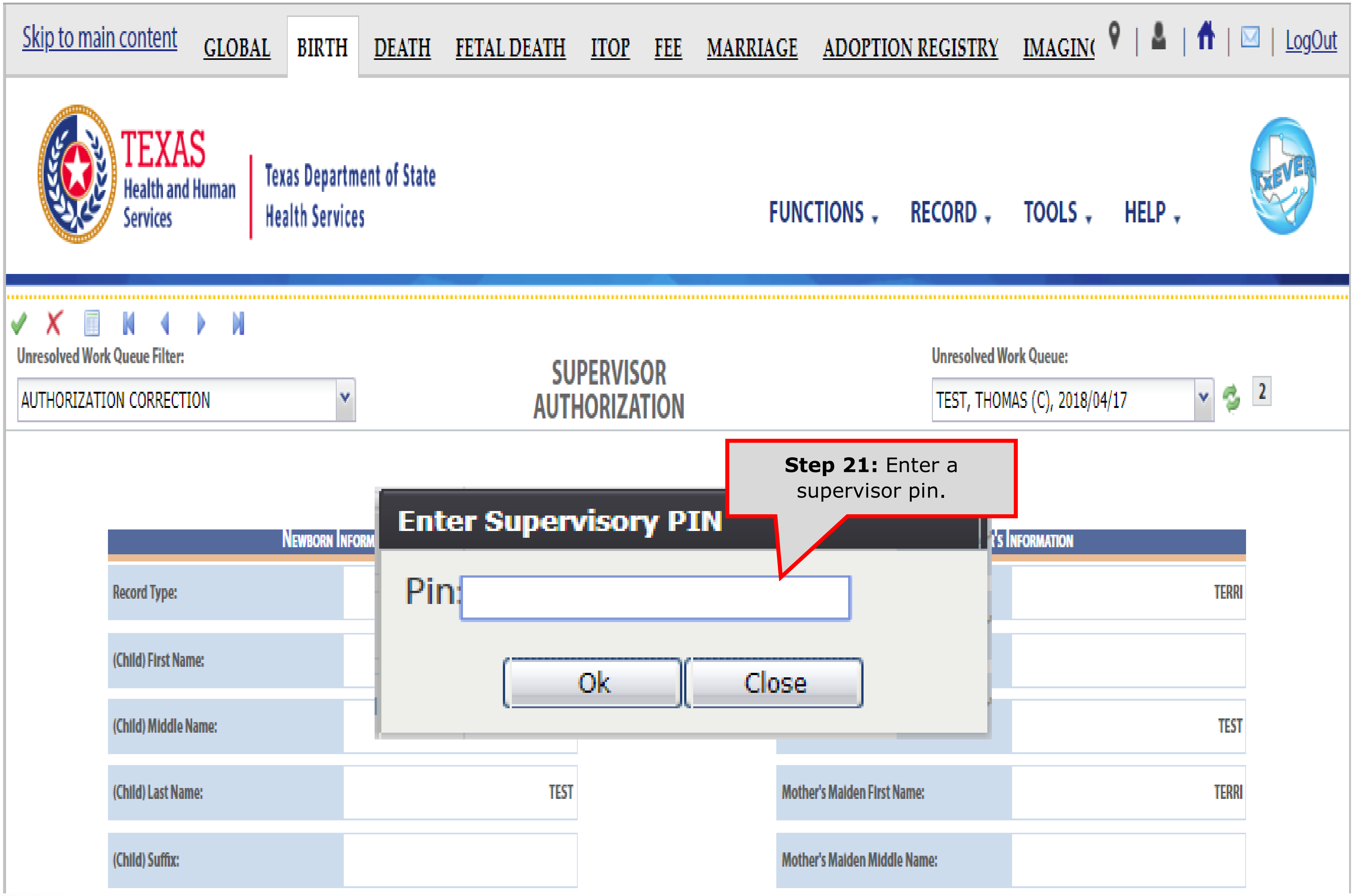
NEWBORN INFORMATION	
Type:	BORN EN-ROUTE TO FACILITY
(Child) First Name:	THOMAS
(Child) Middle Name:	
(Child) Last Name:	TEST
(Child) Suffix:	

MOTHER'S INFORMATION	
(Current) First Name-Mother:	TERRI
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	TEST
Mother's Maiden First Name:	TERRI
Mother's Maiden Middle Name:	

Helpful Tips

There should only be changes to fields for presumed father, date AOP signed, married within 300 days, mother married, and paternity genetic testing.

6. Supervisor approves authorization


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGIN(
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
SUPERVISOR AUTHORIZATION
NEWBORN INFORM
'S INFORMATION
Ok
Close

Unresolved Work Queue Filter: AUTHORIZATION CORRECTION

Unresolved Work Queue: TEST, THOMAS (C), 2018/04/17 2

Step 21: Enter a supervisor pin.

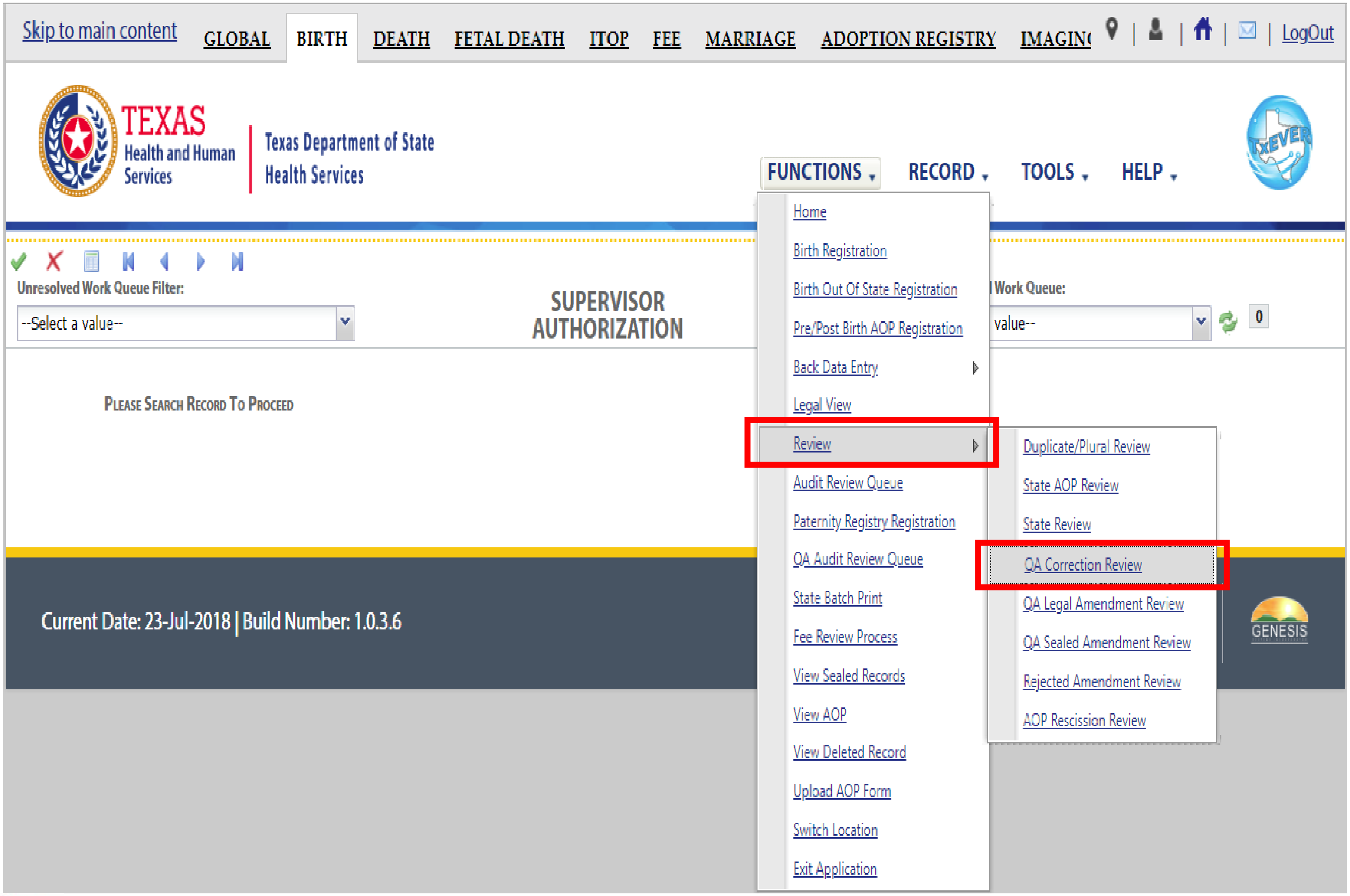
Enter Supervisory PIN

Pin:

Record Type:			TERRI
(Child) First Name:			
(Child) Middle Name:			TEST
(Child) Last Name:	TEST	Mother's Maiden First Name:	TERRI
(Child) Suffix:		Mother's Maiden Middle Name:	

Helpful Tips

6. Supervisor approves authorization



SUPERVISOR AUTHORIZATION

Unresolved Work Queue Filter: --Select a value--

Work Queue: value--

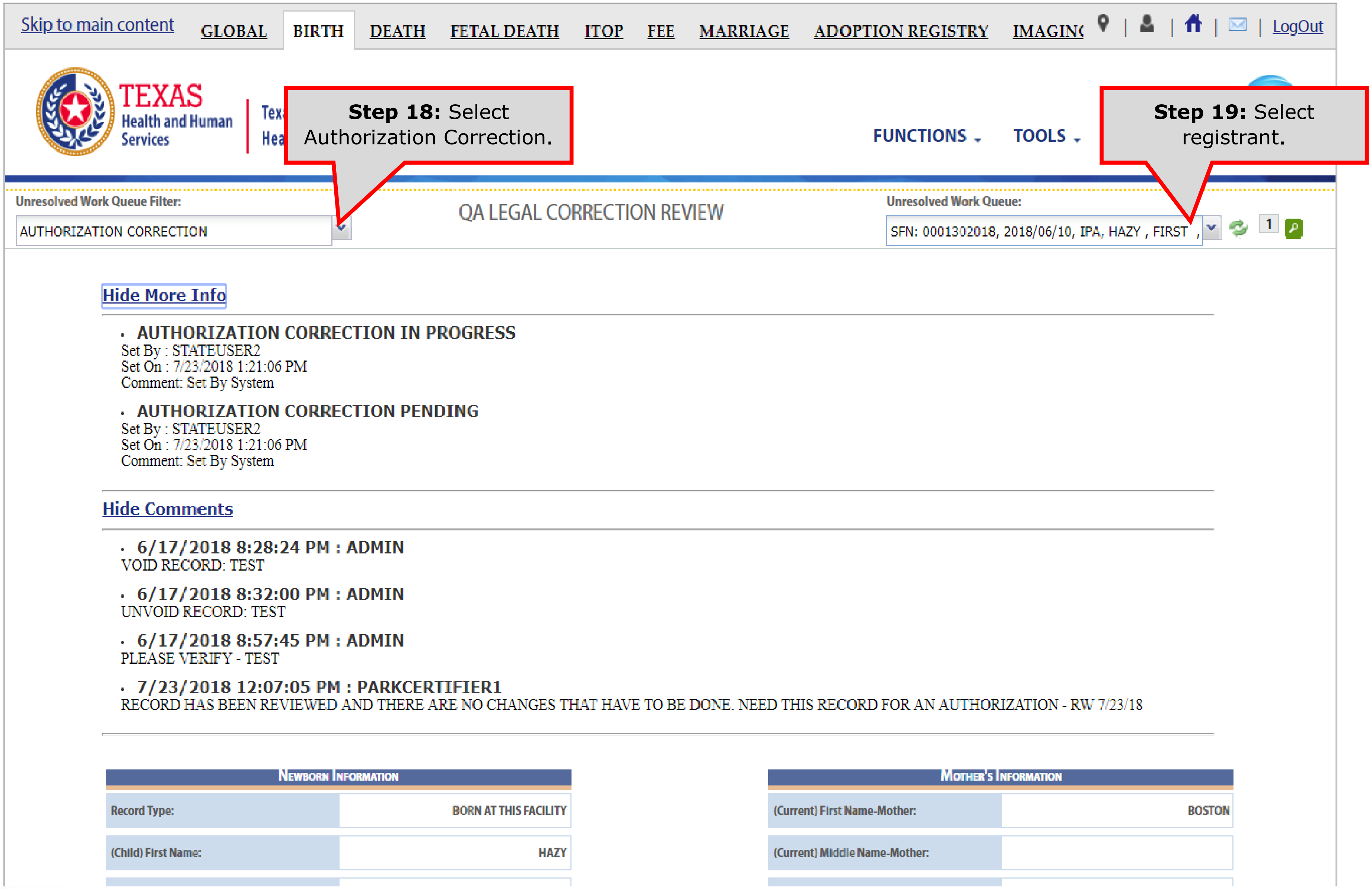
Please Search Record To Proceed

Current Date: 23-Jul-2018 | Build Number: 1.0.3.6

Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGIN
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
Home
Birth Registration
Birth Out Of State Registration
Pre/Post Birth AOP Registration
Back Data Entry
Legal View
Review
Audit Review Queue
Paternity Registry Registration
QA Audit Review Queue
State Batch Print
Fee Review Process
View Sealed Records
View AOP
View Deleted Record
Upload AOP Form
Switch Location
Exit Application
Duplicate/Plural Review
State AOP Review
State Review
QA Correction Review
QA Legal Amendment Review
QA Sealed Amendment Review
Rejected Amendment Review
AOP Rescission Review
0
GENESIS

Helpful Tips

6. QA approves authorization


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGIN
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TEXAS
Health and Human Services
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TOOLS
1

Step 18: Select Authorization Correction.

Step 19: Select registrant.

Unresolved Work Queue Filter: AUTHORIZATION CORRECTION

QA LEGAL CORRECTION REVIEW

Unresolved Work Queue: SFN: 0001302018, 2018/06/10, IPA, HAZY , FIRST ,

Hide More Info

- **AUTHORIZATION CORRECTION IN PROGRESS**
  Set By : STATEUSER2
  Set On : 7/23/2018 1:21:06 PM
  Comment: Set By System
- **AUTHORIZATION CORRECTION PENDING**
  Set By : STATEUSER2
  Set On : 7/23/2018 1:21:06 PM
  Comment: Set By System

Hide Comments

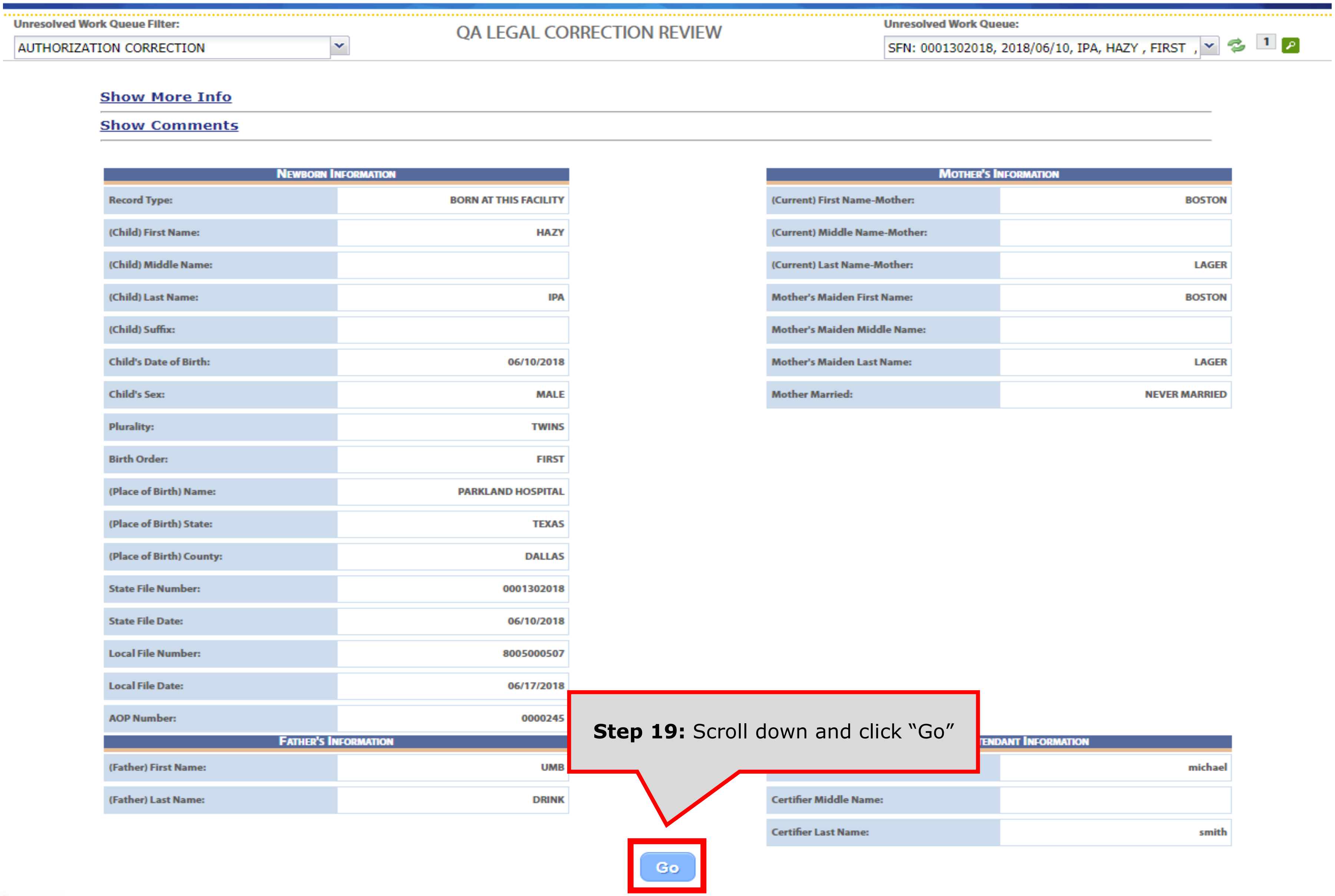
- **6/17/2018 8:28:24 PM : ADMIN**
  VOID RECORD: TEST
- **6/17/2018 8:32:00 PM : ADMIN**
  UNVOID RECORD: TEST
- **6/17/2018 8:57:45 PM : ADMIN**
  PLEASE VERIFY - TEST
- **7/23/2018 12:07:05 PM : PARKCERTIFIER1**
  RECORD HAS BEEN REVIEWED AND THERE ARE NO CHANGES THAT HAVE TO BE DONE. NEED THIS RECORD FOR AN AUTHORIZATION - RW 7/23/18

NEWBORN INFORMATION	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	HAZY

MOTHER'S INFORMATION	
(Current) First Name-Mother:	BOSTON
(Current) Middle Name-Mother:	

Helpful Tips

6. QA approves authorization



Unresolved Work Queue Filter: AUTHORIZATION CORRECTION

QA LEGAL CORRECTION REVIEW

Unresolved Work Queue: SFN: 0001302018, 2018/06/10, IPA, HAZY , FIRST ,

Show More Info

Show Comments

NEWBORN INFORMATION	
Record Type:	BORN AT THIS FACILITY
(Child) First Name:	HAZY
(Child) Middle Name:	
(Child) Last Name:	IPA
(Child) Suffix:	
Child's Date of Birth:	06/10/2018
Child's Sex:	MALE
Plurality:	TWINS
Birth Order:	FIRST
(Place of Birth) Name:	PARKLAND HOSPITAL
(Place of Birth) State:	TEXAS
(Place of Birth) County:	DALLAS
State File Number:	0001302018
State File Date:	06/10/2018
Local File Number:	8005000507
Local File Date:	06/17/2018
AOP Number:	0000245

MOTHER'S INFORMATION	
(Current) First Name-Mother:	BOSTON
(Current) Middle Name-Mother:	
(Current) Last Name-Mother:	LAGER
Mother's Maiden First Name:	BOSTON
Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	LAGER
Mother Married:	NEVER MARRIED

FATHER'S INFORMATION	
(Father) First Name:	UMB
(Father) Last Name:	DRINK

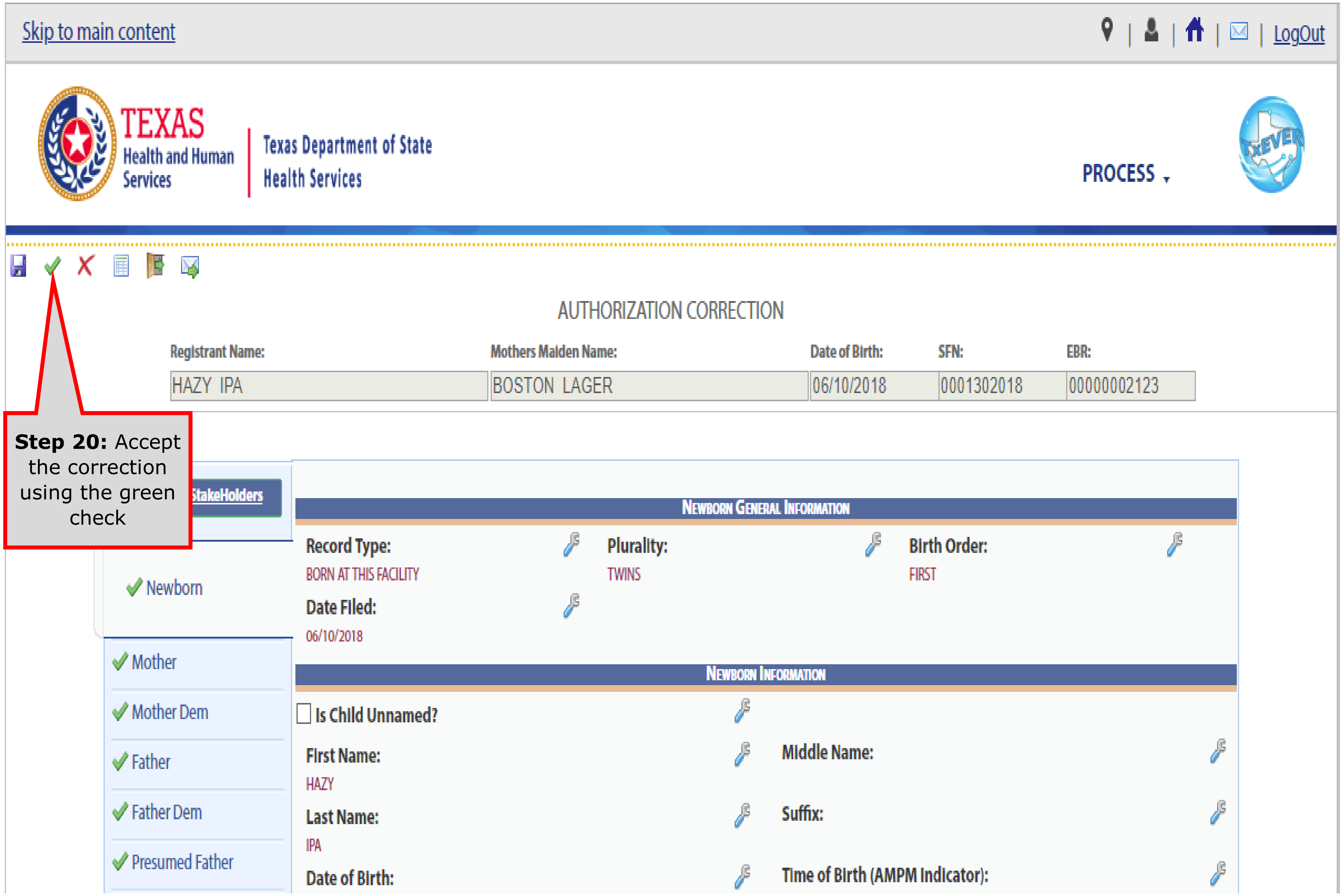
TENDANT INFORMATION	
	michael
Certifier Middle Name:	
Certifier Last Name:	smith

Step 19: Scroll down and click "Go"

Go

Helpful Tips

6. QA approves authorization


Skip to main content
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
PROCESS
TXEVER

AUTHORIZATION CORRECTION

Registrant Name:	Mothers Maiden Name:	Date of Birth:	SFN:	EBR:
HAZY IPA	BOSTON LAGER	06/10/2018	0001302018	00000002123

StakeHolders
✓ Newborn
✓ Mother
✓ Mother Dem
✓ Father
✓ Father Dem
✓ Presumed Father

NEWBORN GENERAL INFORMATION

Record Type: BORN AT THIS FACILITY

Plurality: TWINS

Birth Order: FIRST

Date Filed: 06/10/2018

NEWBORN INFORMATION

☐ Is Child Unnamed?

First Name: HAZY

Middle Name:

Last Name: IPA

Suffix:

Date of Birth:

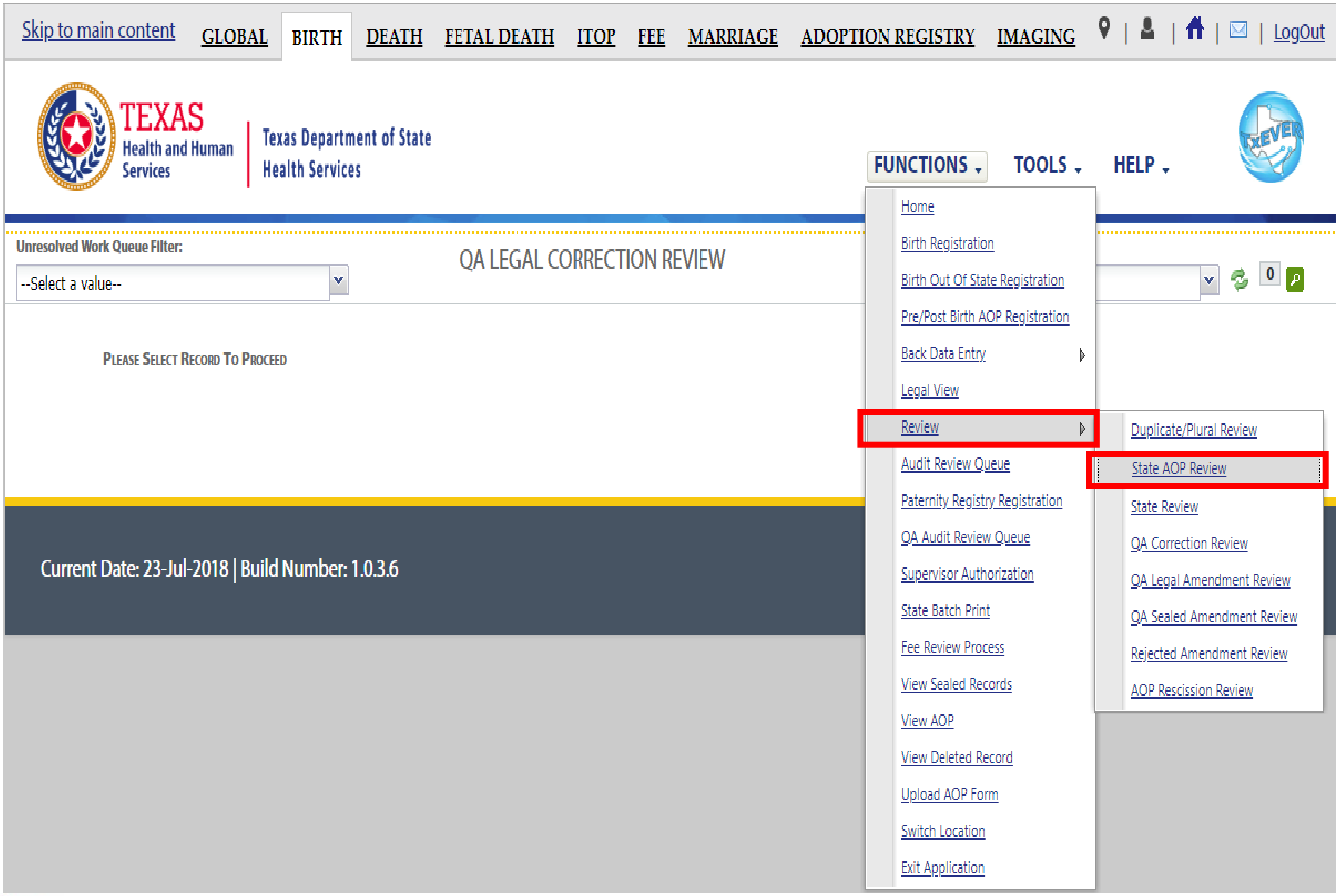
Time of Birth (AMPM Indicator):

Step 20: Accept the correction using the green check

Helpful Tips

Once the authorization adding presumed father is approved,
the original signed/complete AOP will not be attached to the birth record.

6. Go to State AOP Review


Skip to main content
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Birth Out Of State Registration
Pre/Post Birth AOP Registration
Back Data Entry
Legal View
Review
Audit Review Queue
Paternity Registry Registration
QA Audit Review Queue
Supervisor Authorization
State Batch Print
Fee Review Process
View Sealed Records
View AOP
View Deleted Record
Upload AOP Form
Switch Location
Exit Application
Duplicate/Plural Review
State AOP Review
State Review
QA Correction Review
QA Legal Amendment Review
QA Sealed Amendment Review
Rejected Amendment Review
AOP Rescission Review
Unresolved Work Queue Filter:
--Select a value--
0

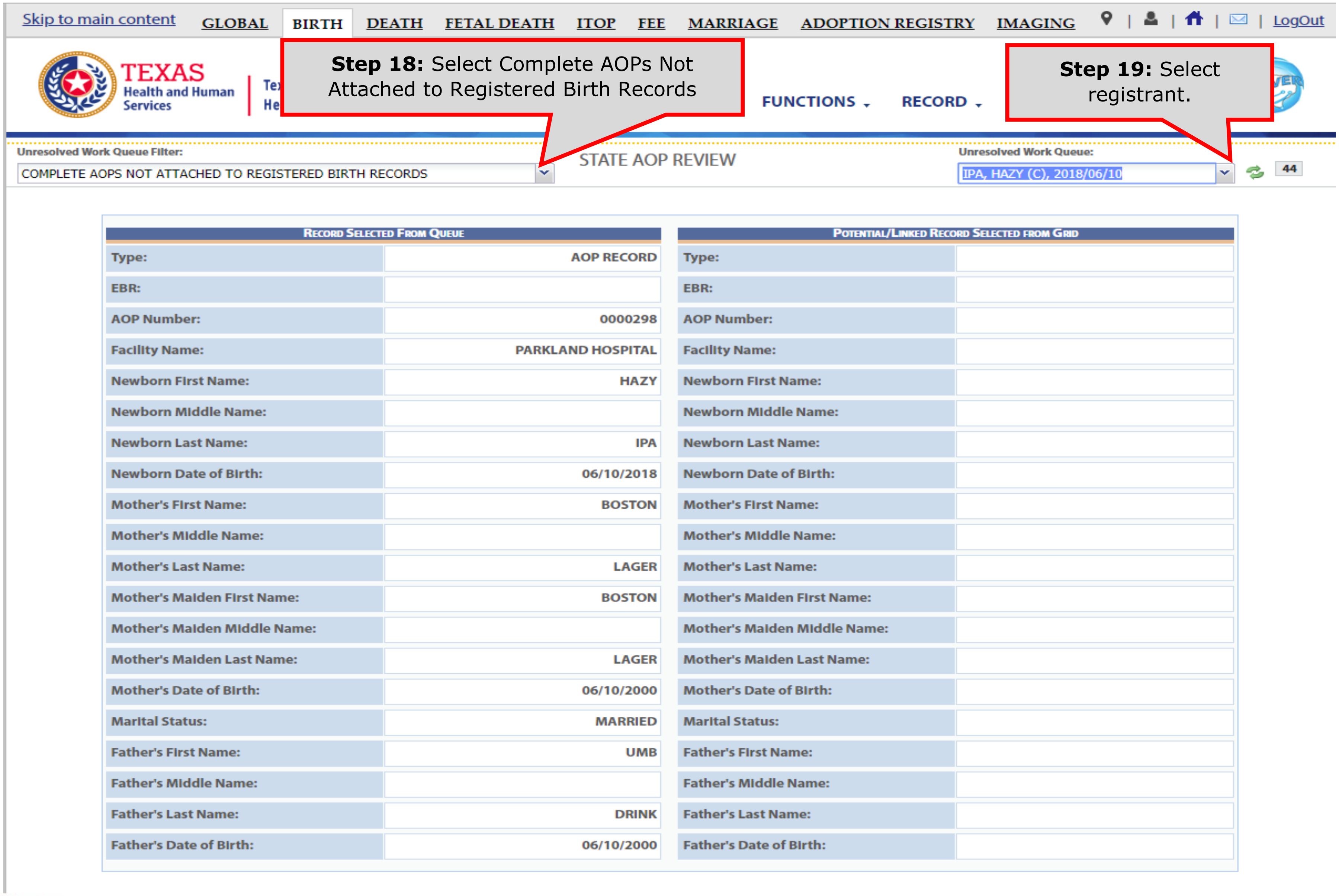
QA LEGAL CORRECTION REVIEW

PLEASE SELECT RECORD TO PROCEED

Current Date: 23-Jul-2018 | Build Number: 1.0.3.6

Helpful Tips

6. Go to State AOP Review



Skip to main content
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LogOut
TEXAS Health and Human Services
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RECORD
STATE AOP REVIEW

Step 18: Select Complete AOPs Not Attached to Registered Birth Records

Step 19: Select registrant.

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

Unresolved Work Queue: IPA, HAZY (C), 2018/06/10

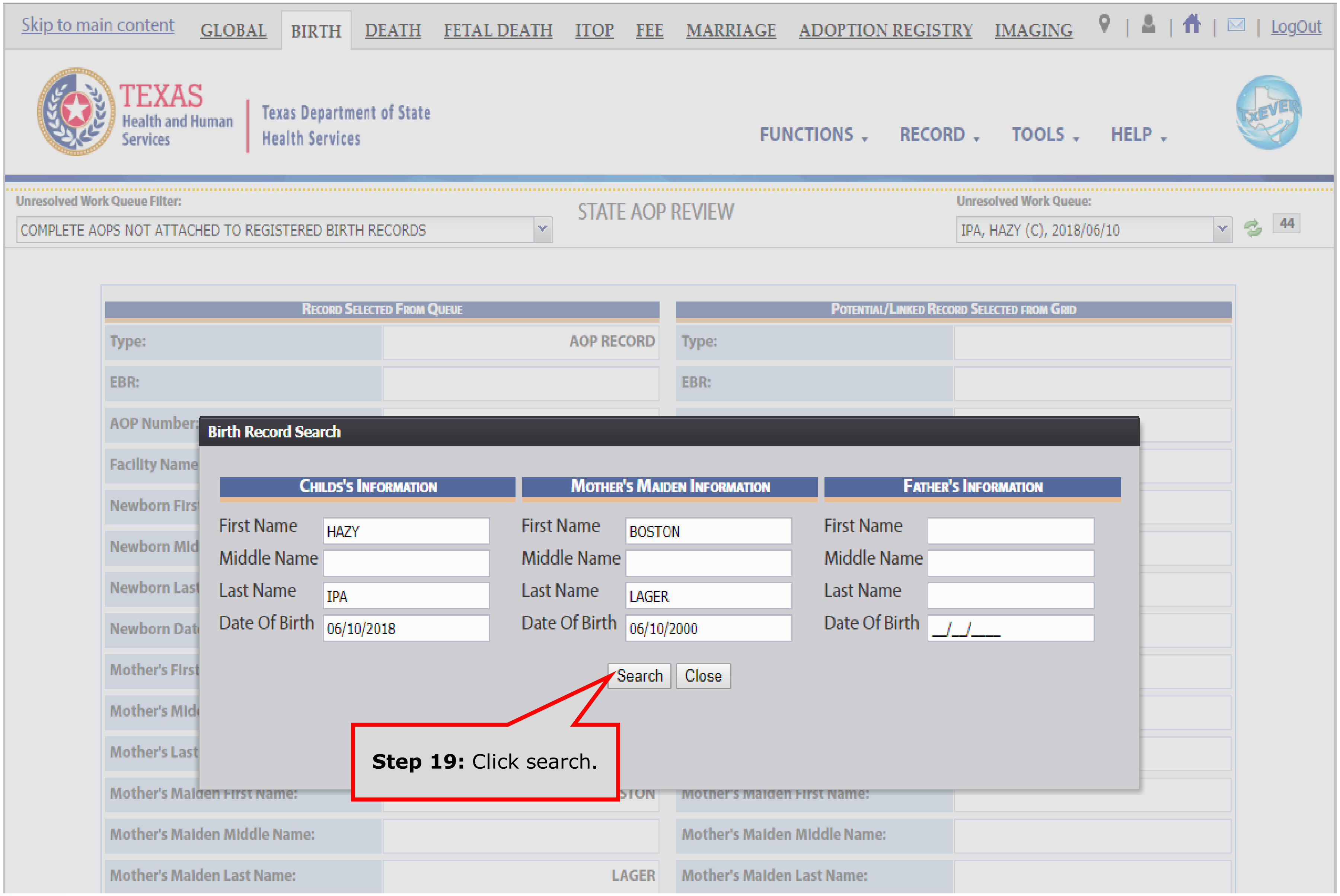
44

Record Selected From Queue		Potential/Linked Record Selected from Grid	
Type:	AOP RECORD	Type:	
EBR:		EBR:	
AOP Number:	0000298	AOP Number:	
Facility Name:	PARKLAND HOSPITAL	Facility Name:	
Newborn First Name:	HAZY	Newborn First Name:	
Newborn Middle Name:		Newborn Middle Name:	
Newborn Last Name:	IPA	Newborn Last Name:	
Newborn Date of Birth:	06/10/2018	Newborn Date of Birth:	
Mother's First Name:	BOSTON	Mother's First Name:	
Mother's Middle Name:		Mother's Middle Name:	
Mother's Last Name:	LAGER	Mother's Last Name:	
Mother's Maiden First Name:	BOSTON	Mother's Maiden First Name:	
Mother's Maiden Middle Name:		Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	LAGER	Mother's Maiden Last Name:	
Mother's Date of Birth:	06/10/2000	Mother's Date of Birth:	
Marital Status:	MARRIED	Marital Status:	
Father's First Name:	UMB	Father's First Name:	
Father's Middle Name:		Father's Middle Name:	
Father's Last Name:	DRINK	Father's Last Name:	
Father's Date of Birth:	06/10/2000	Father's Date of Birth:	

Helpful Tips

This AOP must be connected to the birth record in State AOP R ***AFTER*** an authorization correction is completed to change the AOP fields on the birth record.

6. Go to State AOP Review


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
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MARRIAGE
ADOPTION REGISTRY
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LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
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TxEVER
Search
Close

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

STATE AOP REVIEW

Unresolved Work Queue: IPA, HAZY (C), 2018/06/10 44

Record Selected From Queue		Potential/Linked Record Selected from Grid	
Type:	AOP RECORD	Type:	
EBR:		EBR:	
AOP Number:			
Facility Name			
Newborn First			
Newborn Mid			
Newborn Last			
Newborn Dat			
Mother's First			
Mother's Mid			
Mother's Last			
Mother's Maiden First Name:	STON	Mother's Maiden First Name:	
Mother's Maiden Middle Name:		Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	LAGER	Mother's Maiden Last Name:	

Birth Record Search

	Child's Information	Mother's Maiden Information	Father's Information
First Name	HAZY	BOSTON	
Middle Name			
Last Name	IPA	LAGER	
Date Of Birth	06/10/2018	06/10/2000	__/__/____

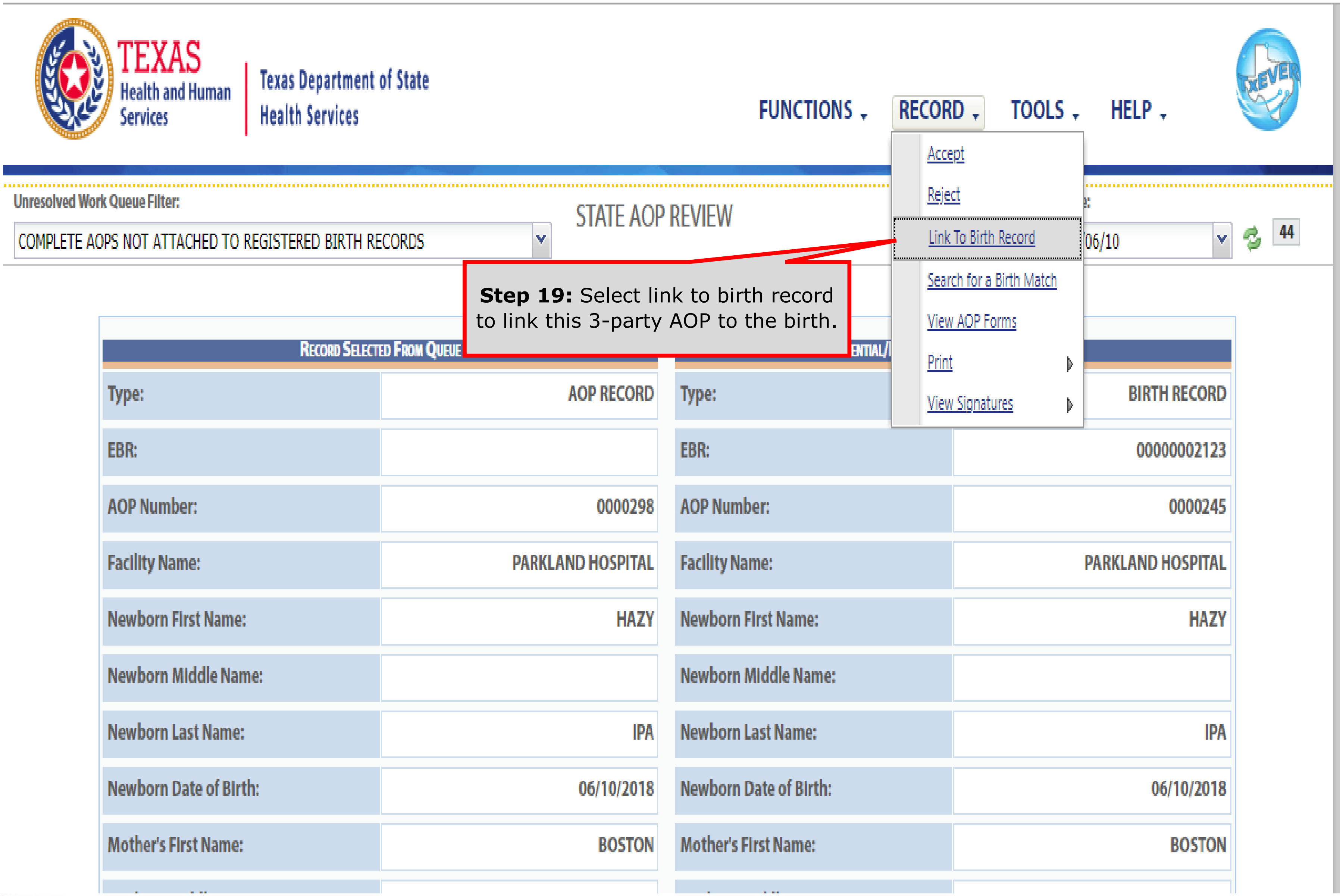
Step 19: Click search.

Helpful Tips

Mother and child information will be already filled in.

If there is already a father on the record, you can search using his information too.

6. Go to State AOP Review: Select a birth record


TEXAS
Health and Human Services
Texas Department of State Health Services
TxEVER
FUNCTIONS
RECORD
TOOLS
HELP
Accept
Reject
Link To Birth Record
Search for a Birth Match
View AOP Forms
Print
View Signatures

Unresolved Work Queue Filter: COMPLETE AOPS NOT ATTACHED TO REGISTERED BIRTH RECORDS

STATE AOP REVIEW

06/10

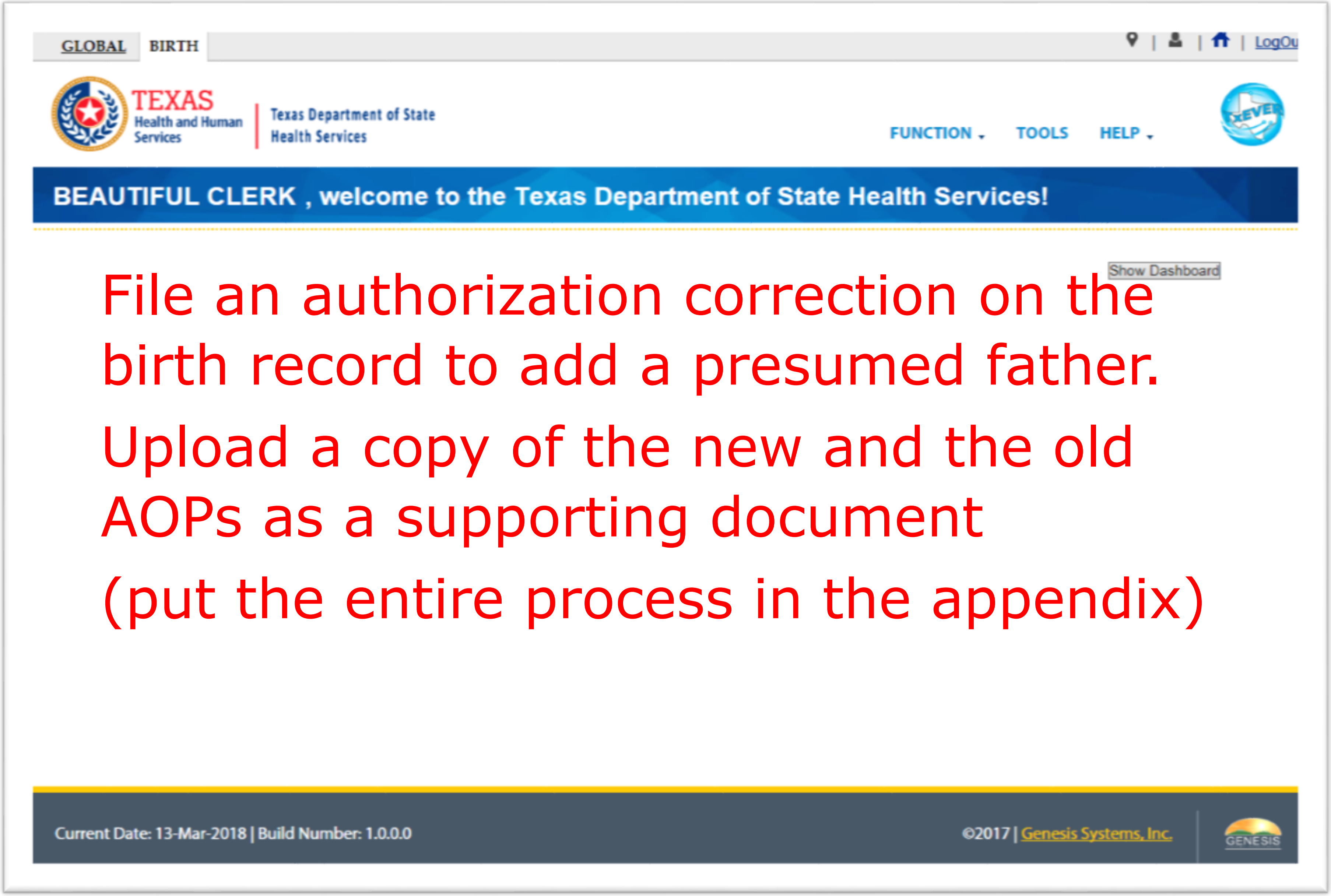
44

Step 19: Select link to birth record to link this 3-party AOP to the birth.

RECORD SELECTED FROM QUEUE		ENTIAL/	
Type:	AOP RECORD	Type:	BIRTH RECORD
EBR:		EBR:	00000002123
AOP Number:	0000298	AOP Number:	0000245
Facility Name:	PARKLAND HOSPITAL	Facility Name:	PARKLAND HOSPITAL
Newborn First Name:	HAZY	Newborn First Name:	HAZY
Newborn Middle Name:		Newborn Middle Name:	
Newborn Last Name:	IPA	Newborn Last Name:	IPA
Newborn Date of Birth:	06/10/2018	Newborn Date of Birth:	06/10/2018
Mother's First Name:	BOSTON	Mother's First Name:	BOSTON

Helpful Tips

The original AOP number and information will print onto the AOP. Only the signatures, date signed, marital status, genetic testing, and presumed father information will be different.


GLOBAL
BIRTH
LogOu
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTION
TOOLS
HELP
TxEVER
Show Dashboard
GENESIS

BEAUTIFUL CLERK , welcome to the Texas Department of State Health Services!

File an authorization correction on the birth record to add a presumed father.

Upload a copy of the new and the old AOPs as a supporting document

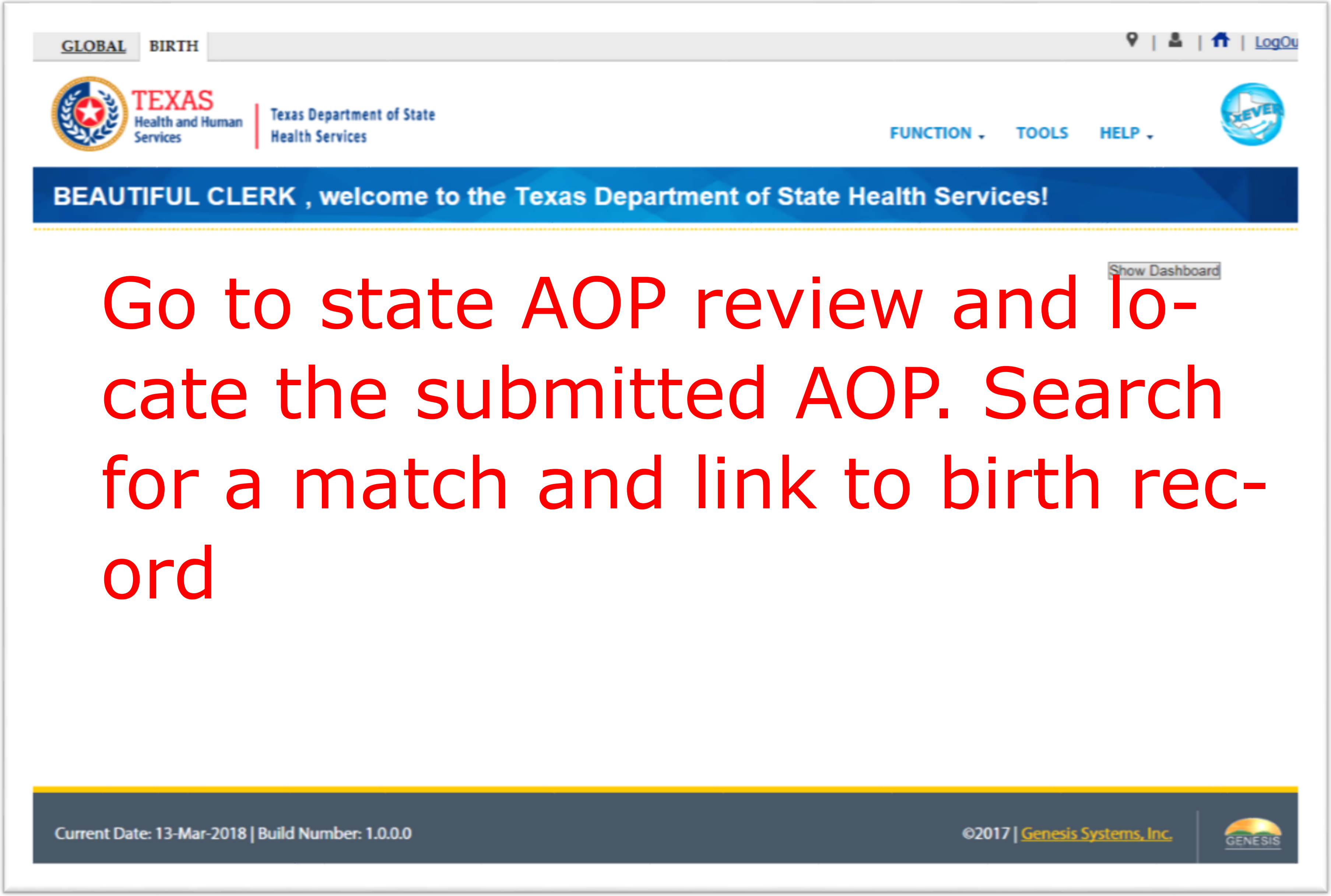
(put the entire process in the appendix)

Current Date: 13-Mar-2018 | Build Number: 1.0.0.0

©2017 | Genesis Systems, Inc.

Helpful Tips

View and print the signature for each signatory with "signature document on file." You may need to print up to 4 different forms.


GLOBAL
BIRTH
LogOu
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTION
TOOLS
HELP
TxEVER
Show Dashboard
GENESIS

BEAUTIFUL CLERK , welcome to the Texas Department of State Health Services!

Go to state AOP review and locate the submitted AOP. Search for a match and link to birth record

Current Date: 13-Mar-2018 | Build Number: 1.0.0.0

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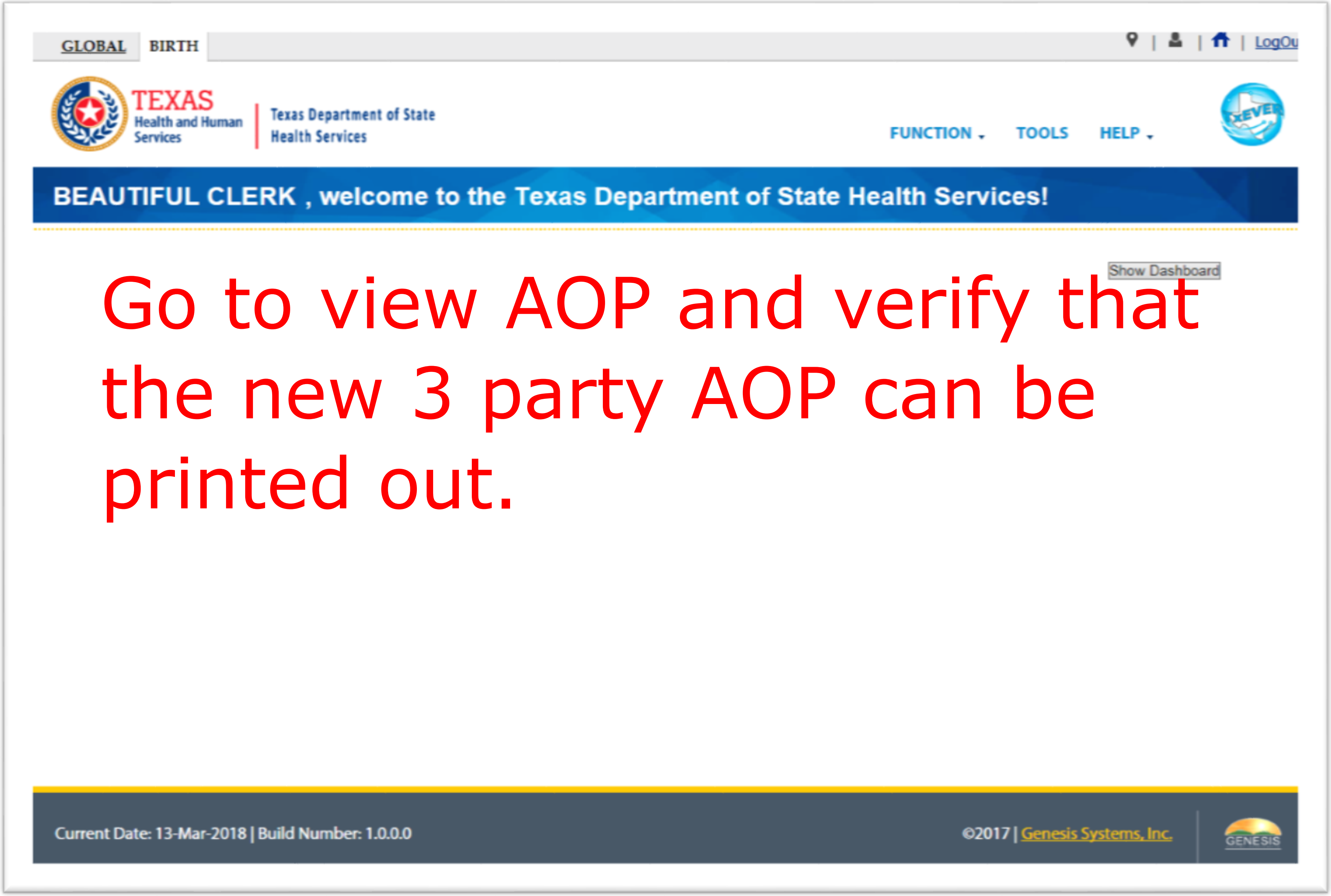
Helpful Tips

View and print the signature for each signatory with "signature document on file." You may need to print up to 4 different forms.


GLOBAL
BIRTH
LogOu
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTION
TOOLS
HELP
TxEVER
Show Dashboard
GENESIS

BEAUTIFUL CLERK , welcome to the Texas Department of State Health Services!

Go to view AOP and verify that the new 3 party AOP can be printed out.

Current Date: 13-Mar-2018 | Build Number: 1.0.0.0

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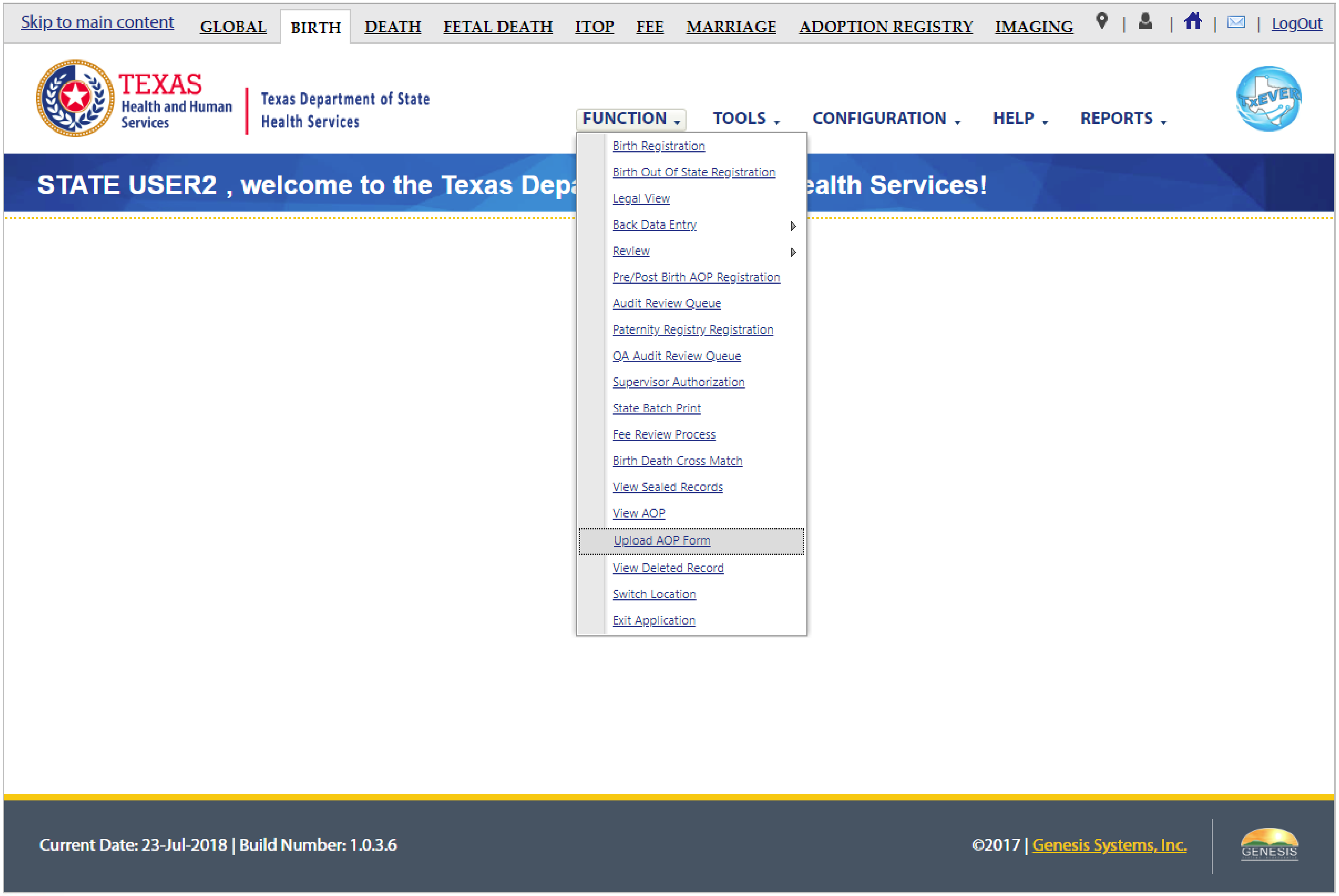
Helpful Tips

View and print the signature for each signatory with "signature document on file." You may need to print up to 4 different forms.

AOP Registration User Guide:

Appendix E: Upload AOP Form

6. Go to Upload AOP Form


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
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MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTION
TOOLS
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HELP
REPORTS
TxEVER
STATE USER2 , welcome to the Texas Dep… ealth Services!
Birth Registration
Birth Out Of State Registration
Legal View
Back Data Entry
Review
Pre/Post Birth AOP Registration
Audit Review Queue
Paternity Registry Registration
QA Audit Review Queue
Supervisor Authorization
State Batch Print
Fee Review Process
Birth Death Cross Match
View Sealed Records
View AOP
Upload AOP Form
View Deleted Record
Switch Location
Exit Application
Current Date: 23-Jul-2018 | Build Number: 1.0.3.6
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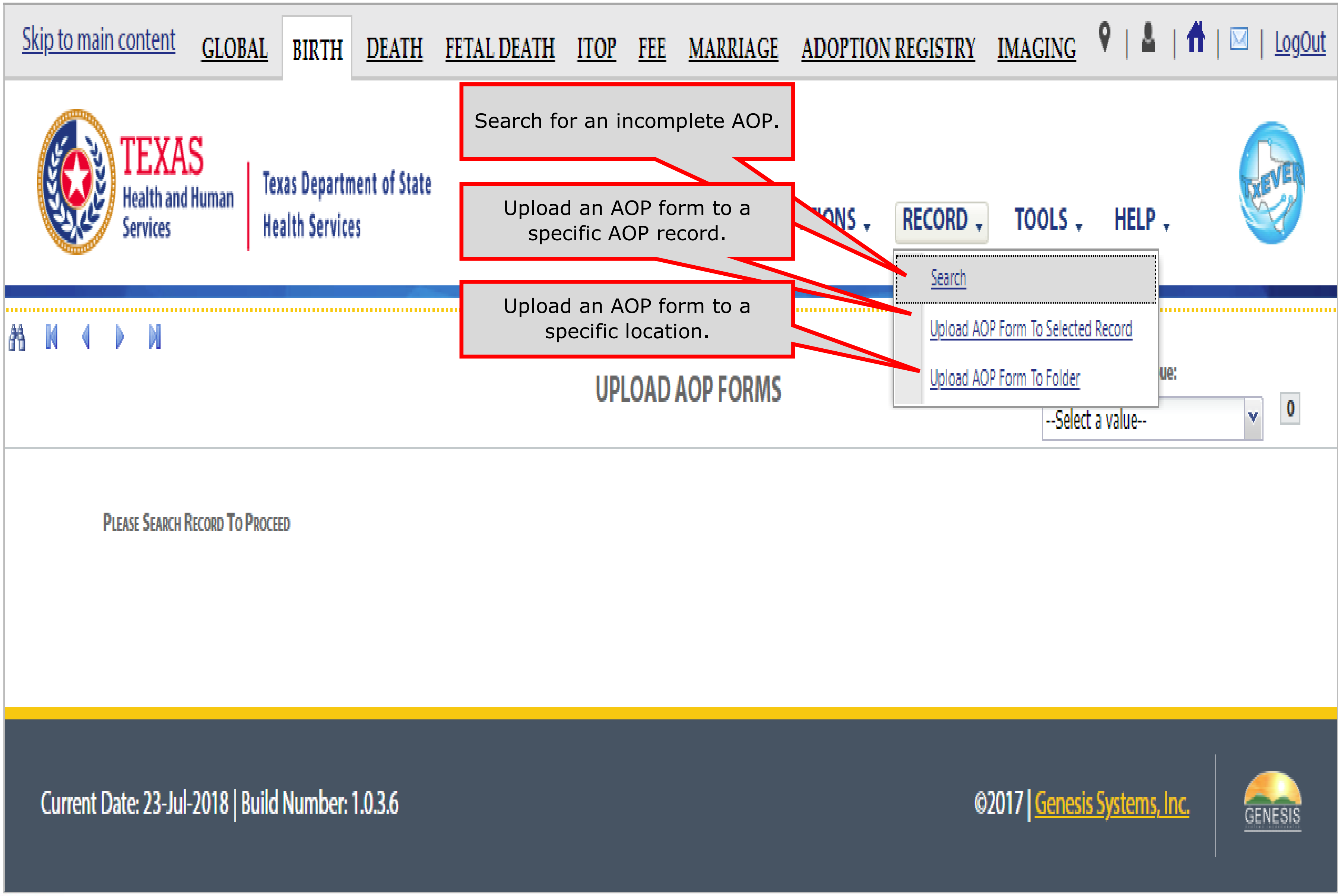
GENESIS

Helpful Tips

The original AOP number and information will print onto the AOP. Only the signatures, date signed, marital status, genetic testing, and presumed father information will be different.

6. Go to Upload AOP Form


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
RECORD
TOOLS
HELP
TXEVER
Search
Upload AOP Form To Selected Record
Upload AOP Form To Folder
--Select a value--
0
GENESIS

Search for an incomplete AOP.

Upload an AOP form to a specific AOP record.

Upload an AOP form to a specific location.

UPLOAD AOP FORMS

PLEASE SEARCH RECORD TO PROCEED

Current Date: 23-Jul-2018 | Build Number: 1.0.3.6

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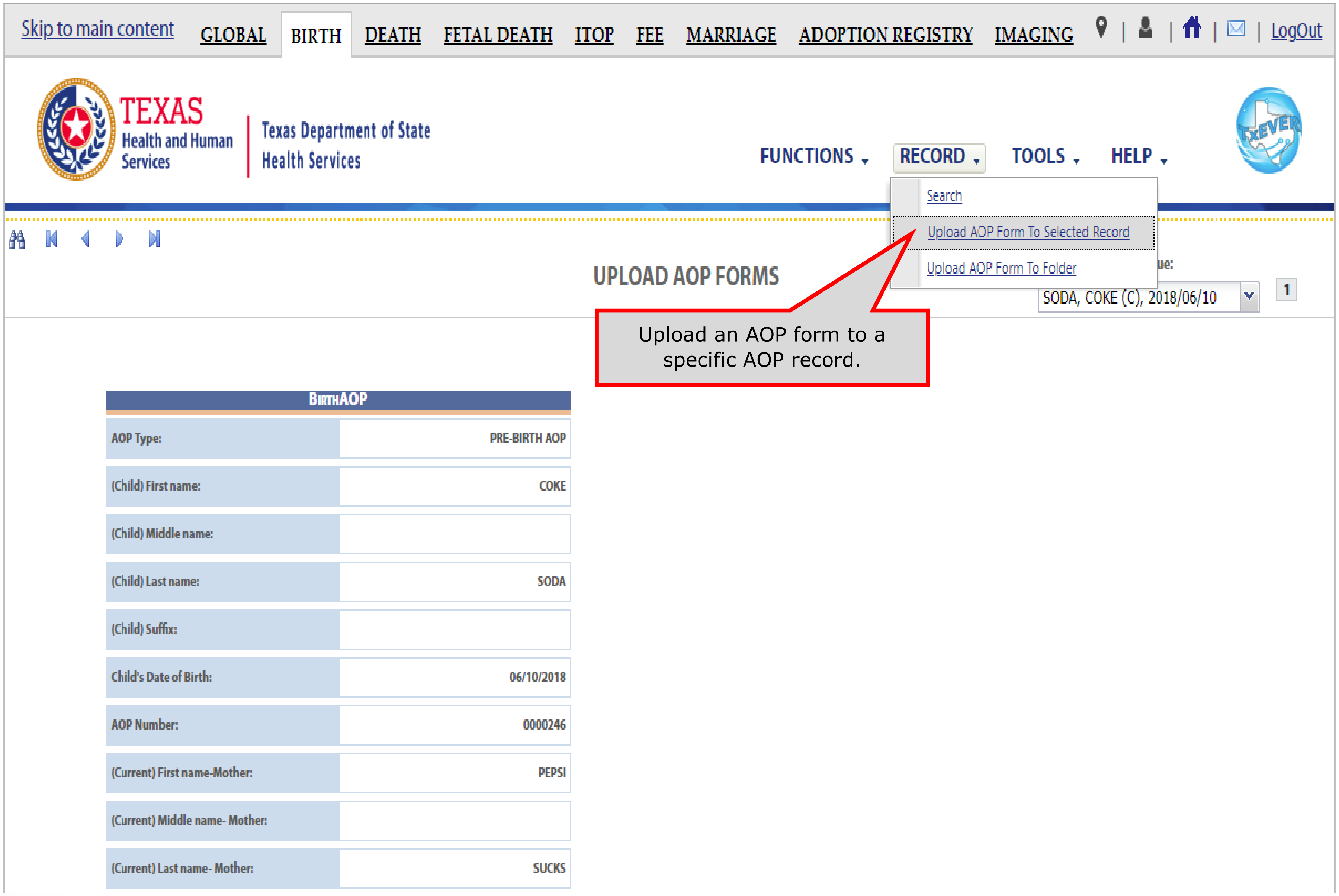
Helpful Tips

6. Go to Upload AOP Form


Skip to main content
GLOBAL
BIRTH
DEATH
FETAL DEATH
ITOP
FEE
MARRIAGE
ADOPTION REGISTRY
IMAGING
LogOut
TEXAS Health and Human Services
Texas Department of State Health Services
FUNCTIONS
RECORD
TOOLS
HELP
TxEVER
Search
Upload AOP Form To Selected Record
Upload AOP Form To Folder
1

UPLOAD AOP FORMS

ue: SODA, COKE (C), 2018/06/10

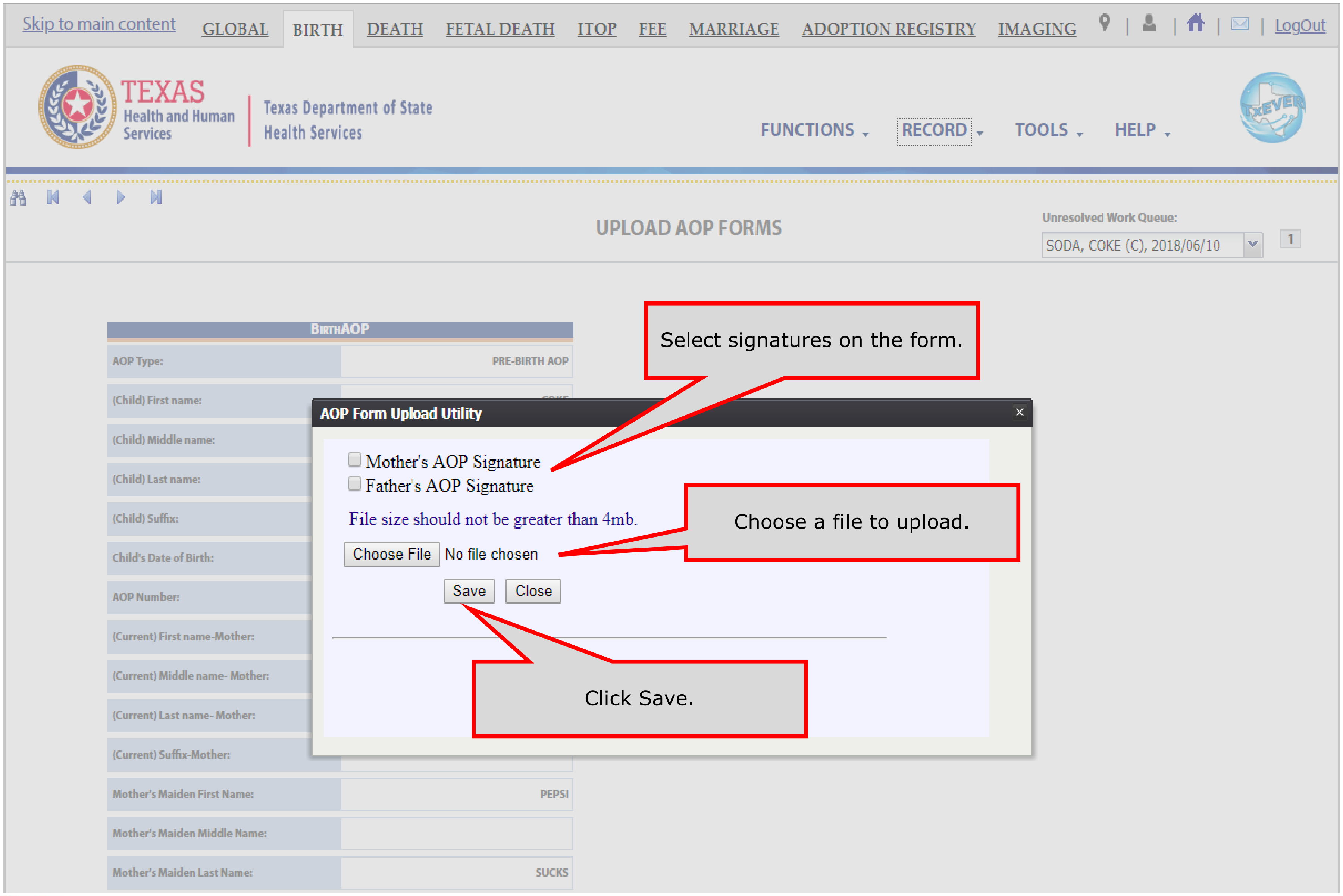
Upload an AOP form to a specific AOP record.

BirthAOP

AOP Type:	PRE-BIRTH AOP
(Child) First name:	COKE
(Child) Middle name:	
(Child) Last name:	SODA
(Child) Suffix:	
Child's Date of Birth:	06/10/2018
AOP Number:	0000246
(Current) First name-Mother:	PEPSI
(Current) Middle name- Mother:	
(Current) Last name- Mother:	SUCKS

Helpful Tips

6. Go to Upload AOP Form


Skip to main content
GLOBAL
BIRTH
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FETAL DEATH
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UPLOAD AOP FORMS

Unresolved Work Queue: SODA, COKE (C), 2018/06/10

BirthAOP

AOP Type:	PRE-BIRTH AOP
(Child) First name:	COKE
(Child) Middle name:	
(Child) Last name:	
(Child) Suffix:	
Child's Date of Birth:	
AOP Number:	
(Current) First name-Mother:	
(Current) Middle name- Mother:	
(Current) Last name- Mother:	
(Current) Suffix-Mother:	
Mother's Maiden First Name:	PEPSI
Mother's Maiden Middle Name:	
Mother's Maiden Last Name:	SUCKS

AOP Form Upload Utility

☐ Mother's AOP Signature
☐ Father's AOP Signature

File size should not be greater than 4mb.

Choose File No file chosen

Save Close

Select signatures on the form.

Choose a file to upload.

Click Save.

Helpful Tips