



TDH
REGISTRY

Texas Department of Health

TEXAS VOLUNTARY ADOPTION

CHILD-PLACING AGENCY
GLADNEY CENTER FOR ADOPTION

BVS Form 2271
6/01

Part I: REGISTRANT INFORMATION (all applicants complete this section)

NAME – First		Middle	Last	Maiden Name	Suffix
OTHER NAMES USED (including married, aliases, nicknames)					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date	Age	Social Security Number		E-mail address	
Mailing Address			City	State	Zip
Telephone (including Area Code)		Birth City	Birth County		Birth State/Country
I am: (check all that apply) <input type="checkbox"/> Adoptee <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Birth Sibling					

Part II: INFORMATION TO BE COMPLETED BY ADOPTEE (complete as many items as possible)

How old were you when you were placed in your adoptive home?		County of Adoption	Agency of Adoption	Date of adoption or approximate year	
Adoptive Mother's name (including maiden name)		Date of Birth	Her religious affiliation	What city and/or county were your adoptive parents living in when you were placed with them?	
Adoptive Father's name		Date of Birth	His religious affiliation		
Was child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, where was the child living when removed from care (city and/or county)?			Year of removal
Name of Birth Mother <input type="checkbox"/> Unknown		Her date of birth and her age at time of your birth		Delivering Doctor's name	
Name of Birth Father <input type="checkbox"/> Unknown		His date of birth and his age at time of your birth		Are you aware of any siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Part IV. <input type="checkbox"/> Unknown	

Part III: INFORMATION TO BE COMPLETED BY BIRTH PARENT(S) (complete as much as possible)

If you are registering for more than one child, please complete a separate application for each child.

Birth name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown		Adoptive name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown			
Date of birth of child (if unknown, give year and approximate time of year)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
Hospital or maternity home		Agency of Adoption		City and/or County of Birth & State	
Did the birth mother use an alias at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, state name used.			Birth mother's religious affiliation
Birth mother's full name (include maiden name and all married names)			Date of birth and age at child's birth		State/city of birth
Birth father's name and last known address			Date of birth and age at child's birth		State/city of birth
Was the birth mother married at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, please provide husband's name		
Was child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, where was the child living when removed from care (city and/or county)?			Year of removal

Your other children:

Name of child (and any aliases or nicknames)	Maiden name	Date of Birth	Place of Birth City/State	Name of Other Birth Parent and Date of Birth

Part IV: INFORMATION TO BE COMPLETED BY BIRTH-SIBLING (complete as many items as possible)
If there is more than one sibling you are registering for, please duplicate this page, as needed.

Is the sibling you are looking for a: <input type="checkbox"/> full-sibling OR <input type="checkbox"/> half-sibling		If half-sibling, are you related by: <input type="checkbox"/> mother <input type="checkbox"/> father		What order in the biological mother's family is this child? (example, first of five)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Adoptive name of child (First, Middle, Last, Maiden) <input type="checkbox"/> Unknown				Birth Name of Child <input type="checkbox"/> Unknown			
Date of birth of child		City of Birth		County of Birth		Hospital	
Birth mother's name, include (maiden name) and all married names.		Her date of birth and age at time of child's birth		Her city/state of birth		Her religious affiliation	
Was an alias used by the birth mother at the hospital or maternity home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, state named used			
Birth father's name		Birth father's date of birth and age		His city/state of birth			
Was the birth mother married at the time of this child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If, yes please provide her husband's name, his date of birth			
Was child welfare or child protective services involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, where was the child living when removed from care (city and/or county)? And with whom?			
If you are a sibling, please provide: Your birth mother's full name including maiden and all married names <input type="checkbox"/> Unknown				Your birth father's full name			
If you are adopted, your adopted or legal mother's full name, including (maiden) and date of birth				If you are adopted, your adopted or legal father's full name, including date of birth			
Why do you believe you have an adopted biological sibling(s)?							
Names of birth siblings you are not looking for		Maiden Name	Date of Birth	Place of Birth	Half-Sibling Or Full-Sibling	Name of Birth Parents	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Mother	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Father	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Mother	
					<input type="checkbox"/> Full <input type="checkbox"/> Half	Father	

Part V: COMMENTS SECTION (story of placement, additional information not listed above) **Use separate page if needed.**

Part VI: ALL APPLICANTS COMPLETE THIS SECTION

I am willing to allow my identity to be disclosed to those registrants eligible to learn my identity..... yes no
 I authorize the administrator of the registry to inspect all vital statistics records, court records, hospital records
 And agency records including confidential records. yes no
 I consent to the disclosure of my identity after my death. yes no
For adoptees only: I want to be informed if registry records indicate that a biological sibling has also registered ... yes no
 Your application is good for 99 years unless you state a shorter period of time here..... _____
 I certify that the information contained in this form is true and correct to the best of my knowledge.

X Signature _____

Date _____

NOTARY PUBLIC INFORMATION FORM

I am signing the Texas Voluntary Adoption Registry, under oath, before a Notary Public, and the information contained in this form is true and correct.

(Signature)

(Date)

SWORN TO, BEFORE ME by the above named affiant this _____ day of _____, _____, to certify and witness my hand and seal of office.

[SEAL OR STAMP]

My commission expires:

_____, _____

Notary Public in and for the
State of _____.

Please mail all 3 pages of the form and your \$15.00 processing fee to: (Make check or money order payable to The Gladney Center).

**Gladney Center for Adoption
Post Adoption Department
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Fort Worth, TX 76132-4122
817.922.6000 Ext. 2050
E-MAIL: pa@gladney.org**