

CAUSE NO: _____

§ IN THE _____

§ HIDALGO COUNTY, TEXAS

§

APPLICATION TO UNSEAL ADOPTION RECORDS

A \$5 SEARCH FEE IS REQUIRED IN HIDALGO COUNTY IF A CAUSE NUMBER IS NOT PROVIDED

Proper identification must be provided when making request. If request is being made by mail, please include a copy for verification.

NAME OF PERSON MAKING REQUEST: _____

MAILING ADDRESS: _____

PHONE NO: _____

ADOPTIVE NAME: _____

ADOPTIVE DOB: _____

ADOPTIVE PARENT NAMES: _____

APPROXIMATE DATE OF ADOPTION (IF KNOWN): _____

BIRTH NAME (IF KNOWN): _____

BIRTH MOTHER'S NAME: _____

BIRTH FATHER'S NAME: _____

REASON FOR REQUEST: _____

CAUSE NO: _____

§ IN THE _____

§ HIDALGO COUNTY, TEXAS

§

ORDER TO UNSEAL ADOPTION RECORDS

Date: _____ Signature of Requestor: _____

On this day the above Application to Unseal Adoption Records was presented for my approval. I therefore **grant/deny** the request for the release of the aforementioned information.

Date: _____ Judge Presiding: _____