

APPLICATION FOR FLORIDA BIRTH RECORD

Florida Department of Health in Indian River County 1900 27th Street

Vero Beach, FL 32960-3383 (772) 794-7460 Open Monday – Friday 8:00 AM to 4:30 PM



TYPE OR PRINT BIRTH CERTIFICATE INFORMATION

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide valid photo identification; <u>if a mail request, a copy of the valid photo identification, front & back, must be provided.</u> Acceptable forms of identification are: <u>Driver's License, State Identification Card, Passport</u>, and/or <u>Military Identification Card</u>. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by an authorized person and submitted in addition to this application.

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST			MIE	MIDDLE		LAST		SUFFIX
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW		FIRST			DDLE		LAST		SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	STA	TE FILE NUMBER	R (If known) SEX		SEX	_
PLACE OF BIRTH		HOSPITAL		CITY OR TOWN			COUNTY		
MOTHER'S / PARENT'S NAME		FIRST			DDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicat		RIAGE (if applicable)	SUFFIX
FATHER'S / PARENT'S NAME		FIRST		MIE	DDLE	LAST NAME PRIC	OR TO FIRST MARRIAGE (if applicable)		SUFFIX
		APPL	LICANT (adult r	equesting ce	ertificate) IN	FORMATION			
Any person who will any application or a	•	ho obtains cont third de	•	on from any Vi as provided in	tal Record und Chapter 775, I	ler false or fraudul Florida Statutes.	lent purposes,	commits a felony	-
Applicant's Name TYPE OR PRINT	FIRST			MIDDLE		LAST (INCLUDING ANY SUFFIX)			
MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)					СІТҮ		STATE ZIP CODE		
HOME PHONE NUMBER () WORK PHONE NUMBER () IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LIC			TIONSHIP TO REGIST		RSON YOU REPF	SIGNATI	URE OF APPLICA		
CHARGE: QUANTITY				FOR OFFI	ICIAL USE ON				
1 \$12.00 Certified Legal Document <u>\$12.00</u>				IDENTIFICATION:					
X \$10.00			cate						
\$15.00 Express Mail Fee (2 Days)				CERTIFICATE #'S:					
\$ 30.00	Next Day (Overnight)							
				PAYMENT T	YPE:	MONEY ORD	ER#		
TOTAL				CHECK #					
						Space is provide ho is to receive the time the second secon			

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

<u>COMPUTER CERTIFICATION</u>: computer certifications are accepted by all state and federal agencies and used for any type of travel.

A computer certification has two different formats:

1. A certification of a registered birth (2004 to present), supplies the following facts of birth: Child's Name, Date of Birth, Sex, Time, Weight, Place of Birth (City, County and Location) and Parents' Information.

2. A certification of a registered birth (1930 to 2003), supplies the following facts of birth: Child's Name, Date of Birth, Sex, County of Birth and Parents' Name.

AVAILABILITY: Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865.

ELIGIBILITY: Birth certificates can be issued only to:

- 1. Registrant (the child named on the record) if of legal age (18)
- 2. Parent(s) listed on the Birth Record
- 3. Legal guardian (must provide guardianship papers)
- 4. Legal representative of one of the above persons
- 5. Other person(s) by court order (must provide recorded or certified copy of court order)

In the case of a deceased registrant, upon receipt of the death certificate of the decedent, a certification of the birth certificate can be issued to the spouse, child, grandchild, sibling, if of legal age, or to the legal representative of any of these persons as well as to the parent.

Any person of legal age may be issued a certified copy of a birth record (except for those birth records under seal) for a birth event that occurred up to 125 years.

BIRTH RECORDS UNDER SEAL: Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in the usual manner. For a record under seal, write to:

OFFICE OF VITAL STATISTICS

ATTN: Records Amendment Section

P.O. BOX 210

Jacksonville, FL 32231-0042

REQUIREMENT FOR ORDERING: If applicant is self, parent, legal guardian or legal representative, the applicant must provide a completed application along with valid photo identification, if a mail request, a copy of the valid photo identification must be provided. If legal guardian, a copy of the appointment orders must be included with the request. If legal representative, the attorney bar number, and a notation of whom the attorney represents and that person's relationship to the registrant must be included with your request. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport** and/or **Military Identification Card.**

If not one of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate (DH 1958, 2/03) submitted with your application for the birth record along with a copy of the *registrant's* valid photo identification as well as the *applicant's* valid photo identification.

RELATIONSHIP TO REGISTRANT: A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed; married name, name changed legally (when and where), etc. Others must identify themselves clearly as eligible (see ELIGIBILITY above).

NONREFUNDABLE: Vital record fees are nonrefundable.

SHID TO NAME

<u>APPLICANT'S SIGNATURE</u>: Is required, as well as his/her printed name, residence address and telephone number.

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS, USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

<u> </u>										
		FIRST	MIDDLE	LAST	SUFFIX					
$\langle \rangle$	HOME PHONE NUMBER	SHIP TO STREET AD	SHIP TO STREET ADDRESS (AND APT.)							
()									
,	``	WORK PHONE NUMBER	CITY	STATE	ZIP					
()									

PLEASE VISIT THE OFFICE OF VITAL STATISTICS WEBSITE

www.floridahealth.gov

DH 1960, 06/13 64V-1.0131, Florida Administrative Code (Obsoletes Previous Editions)