



APPLICATION FOR FLORIDA BIRTH RECORD

Date: _____ Initials: _____
 Receipt #: _____
 Audit #: _____ to _____

Duval County Health Department
Vital Statistics
900 University Blvd. N.
Jacksonville, Florida 32211 (904) 253-1620

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide **valid photo identification**. 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 form along with photo identification. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

TYPE or PRINT

Child's Full Name as shown on Birth Record	FIRST	MIDDLE	LAST	SUFFIX
If name was changed since birth, indicate new name	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	STATE FILE NUMBER (If Known) SEX
PLACE OF BIRTH FLORIDA	HOSPITAL		CITY OR TOWN	COUNTY
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST	MIDDLE	LAST (MAIDEN)	SUFFIX
FATHER'S NAME	FIRST	MIDDLE	LAST	SUFFIX

IMPORTANT: Read the entire application before completing.

		<u>Quantity</u>		<u>Amount</u>
The \$12.00 fee entitles the applicant to one CERTIFIED COPY of a registered birth (1930 to present are computerized).	\$12.00	1	=	\$12.00
Additional copies of the same type certification ordered above are \$6.00 each, when ordered with this request.	\$6.00	X	=	\$
VINYL JACKET FOR BIRTH CERTIFICATE	\$4.00	X	=	\$
CERTIFIED MAIL CHARGE (for all requests by mail) (PER MAIL REQUEST)	\$5.54		=	\$5.54
TOTAL AMOUNT ENCLOSED: Money Order _____ Cashier's Check _____ Payable to: Duval County Health Department/V.S. in U.S. Dollars (DO NOT SEND CASH) (No Personal or Business Checks)				\$

APPLICANT NAME/DELIVERY INFORMATION

Any person who willfully provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes

Applicant's Name <u>TYPE OR PRINT</u>	FIRST	MIDDLE	LAST	SUFFIX
DELIVERY ADDRESS (INCLUDE APT NO, IF APPLICABLE)		City	STATE	Zip Code
Home Phone Number ()	RELATIONSHIP TO REGISTRANT		SIGNATURE OF APPLICANT	
Work Phone Number ()				
If Attorney, Provide Bar/Professional License No.	If Attorney, Provide Name of Person you represent and their relationship to registrant			

Remember to include a copy of your photo identification along with this completed application.

[] Check here if certification(s) to be mailed to a different address. Space is provided on the reverse of this application for indicating the name and address of the person who is to receive the certifications.

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

Computer Certification: Computer certifications are accepted by all state and Federal agencies and used for any type of travel

A computer certification has two different formats which are:

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

PHOTOCOPY: A photocopy is a certificate of the registered birth certificate on file. Photocopies of birth certificates are certified documents.

AVAILABILITY: Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865. Most birth records between the years 1930 to present can be obtained through this office. Records on birth events that occurred in 1929 or earlier may be obtained from the **State Office of Vital Statistics**. Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in this manner. For a record under seal write to:

**State Office of Vital Statistics
Attn: Records Amendment Section
Post Office Box 210
Jacksonville, Florida 32231-0042.**

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 over 100 years ago

REQUIREMENT FOR ORDERING: If applicant is self, parent, guardian or legal representative then the applicant must provide a completed application along with copy of a valid photo identification. If legal guardian, a copy of the appointment orders must be included with your request. If legal representative, your attorney bar number, and a notation of whom you represent and their 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 will need to complete the form and have a notarized Affidavit to Release A Birth Certificate (DH Form 1958 2/03) submitted with your application for the birth record, along with a copy of a 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.

APPLICANT'S SIGNATURE:

Applicant's signature is required, as well as his/her printed name, residence address and telephone number.

TIME OF BIRTH: This item was not collected on the birth events between 1949 - 1969.

***REQUESTS BY MAIL:**

All requests by mail must include a photocopy of one (1) valid form of identification (from the person who is applying for the certificate).

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.				
SHIP TO Name TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	