APPLICATION FOR A FLORIDA BIRTH RECORD

Read the FRONT AND BACK of this application: 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 a mail request, a copy of the valid photo identification must be provided. 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. Acceptable forms of identification are the following: Driver’s License, State Identification Card, Passport, and/or Military Identification Card.

SECTION A: REGISTRANT INFORMATION

<table>
<thead>
<tr>
<th>CHILD’S FULL NAME AS SHOWN ON BIRTH RECORD</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST</td>
<td>SUFFIX</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR (4 DIGIT)</td>
<td>STATE FILE NUMBER (if known)</td>
</tr>
<tr>
<td>PLACE OF BIRTH</td>
<td>HOSPITAL</td>
<td>CITY OR TOWN</td>
<td>COUNTY</td>
<td></td>
</tr>
<tr>
<td>MOTHER’S / PARENT’S NAME</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)</td>
<td>SUFFIX</td>
</tr>
<tr>
<td>FATHER’S / PARENT’S NAME</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)</td>
<td>SUFFIX</td>
</tr>
</tbody>
</table>

IMPORTANT INFORMATION

Any person who willfully and knowingly 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.

SECTION B: APPLICANT (adult requesting certificate) INFORMATION

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>HOME PHONE NUMBER</th>
<th>Mailing Address (Include Apt. No., if applicable)</th>
<th>Relationship to Registrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OR PRINT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE/ BAR NUMBER</td>
<td>NAME OF PERSON REPRESENTED</td>
<td>and</td>
<td>THEIR RELATIONSHIP TO REGISTRANT</td>
</tr>
<tr>
<td>IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address: Florida Department of Health in Lake County
P.O. Box 1305
Tavares, Florida 32778
352-589-6424

Tavares, Florida 32778
352-589-6424

Physical Address 16140 U.S. Highway 441
Eustis, Florida 32726

Methods of Payment: Cash, MoneyOrder, Debit or Credit, Cashier Check

Physical Address 16140 U.S. Highway 441
Eustis, Florida 32726

Satellite Office (no mail orders) # of copies requested
875 Oakley Seaver Drive
Clermont, Florida 34711
352-989-9001

VINYL PROTECTORS Vinyl Protectors

Cost of Certified Copies: $15.00-1st copy
$10.00 each additional ordered same time.

(Price subject to change)
A computer certification has two different formats:

- 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
- 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.

**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.

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.

**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:

**COUNTY HEALTH DEPARTMENT NAME AND ADDRESS**

**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:** Is required, as well as his/her printed name, residence address and telephone number.

DH 1960, 04/2016, Florida Administrative Code Rule 64V-1.0131 (Obsoletes Previous Editions)