



APPLICATION FOR FLORIDA BIRTH RECORD
(Tax Collector Office Use Only)



Requirement for ordering: Applicant (self or parent) must complete this application and provide valid photo identification. **Acceptable forms of identification** are: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

SECTION A: REGISTRANT INFORMATION

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|--|----------|--------|---|------------------------------|-----|
| 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 | HOSPITAL | | CITY OR TOWN | COUNTY | |
| MOTHER'S / PARENT'S NAME | FIRST | MIDDLE | LAST NAME PRIOR TO FIRST MARRIAGE (If applicable) | SUFFIX | |
| FATHER'S / PARENT'S NAME | FIRST | MIDDLE | LAST NAME PRIOR TO FIRST MARRIAGE (If applicable) | SUFFIX | |

SECTION B: APPLICANT (adult requesting certificate) 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 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 TYPE OR PRINT | FIRST | MIDDLE | LAST (INCLUDING ANY SUFFIX) |
| MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE) | CITY | | STATE ZIP CODE |
| HOME PHONE NUMBER () | RELATIONSHIP TO REGISTRANT | | SIGNATURE OF APPLICANT |
| WORK PHONE NUMBER () | | | |

SECTION C: ORDER & FEE INFORMATION

| | | | | | |
|---|-------|---|-------------------------|---|-------|
| Number of Florida Birth Certificates Ordered | _____ | @ | \$18.25 | = | _____ |
| Additional Copies Ordered at the same time (if applicable & if cost is different from 1st copy) | _____ | @ | \$12.00 | = | _____ |
| | | | Total Amount Due | | _____ |

Date: _____ **For Office Use Only**

Audit Control #: _____ **Applicant ID:** _____ **Driver License #:** _____

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:

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

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:

**BUREAU OF VITAL STATISTICS
ATTN: Records Amendment Section
P.O. Box 210
Jacksonville, FL 32231-0042**

REQUIREMENT FOR ORDERING: If applicant (self or parent) must provide valid photo identification. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport** and/or **Military Identification Card.**

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.

NONREFUNDABLE: Fees are nonrefundable, except fees paid for additional copies when no record is found. These are refunded on written request.

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

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| UNIQUE COUNTY INFORMATION |
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LEON COUNTY HEALTH DEPARTMENT
VITAL STATISTICS
P.O. BOX 2745
TALLAHASSEE, FLORIDA 32316
(850) 606-8100 • Fax: (850) 487-9811

PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE

www.FloridaVitalStatisticsOnline.com