

APPLICATION FOR FLORIDA BIRTH RECORD (For County Health Department/Tax Collector Office Use Only)

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, front & back, must be provided. 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.

									SUFFIX	
CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST			MIC	MIDDLE			LAST		
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST			MIC	MIDDLE		LAST		SUFFIX	
DATE OF BIRTH	MONTH	MONTH DAY YEAR (4-DIGIT)			STATE FILE NUMBER (If known)			SEX		
PLACE OF BIRTH	HOSPITAL			CITY OR TOWN			COUNTY			
MOTHER'S MAIDEN NAME	FIRST			MIC	MIDDLE			LAST		
FATHER'S NAME	FIRST			MIC	MIDDLE			LAST		
		APPLICAN	T (adult reque	sting certific	ate) INFO	RMATION				
Any person who willfully a	nd knowingly	provides any	false information	n on a certifica	te, record or	report required	by Chapter 382	2, Florida Stat	tutes, or	
on any application or affida			ential information , punishable as ជ				ulent purposes	s, commits a f	elony of	
Applicant's Name TYPE OR PRINT	FIRST			MID	MIDDLE			LAST (INCLUDING ANY SUFFIX)		
ADDRESS (INCLUDE APT. NO.,	IF APPLICABLE)			CITY	•	STATE	ZIP CO	DE	
CELL PHONE NUMBER	RELAT	TIONSHIP TO REGIS	TRANT		SIGNATI	SIGNATURE OF APPLICANT				
() ALTERNATIVE PHONE NUMBEF ()										
IF ATTORNEY, PROVIDE BAR/P LICENSE NO.	ROFESSIONAL	IF ATTORNEY , PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT								
	xtra copies	ordered at Sleeves ar	MONDAY	ne for the sa	ame child a CE HOURS PM LIDAY	are\$10.	00 each			
Quanity of Birth Certifi	Quanity of Protective Sleeves:									
					Payment	Amount: \$ _				
Payment Type: MONEY ORDER #: _		CHECK #:		CREDIT C	ARD (LAS	T 4 OF CAR	D):			
DL NUMBER:		Clerk Initals								
SAFETY PAPER	R NUMBER(S):							-	

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
- 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.

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.

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

UNIQUE COUNTY INFORMATION

Mail requests to: Citrus County Vital Statistics 3700 W. Sovereign Path Lecanto, FL 34461 (352) 527-0068

PLEASE VISIT THE OFFICE OF VITAL STATISTICS WEBSITE

Floridavitalstatisticsonline.com