APPLICATION FOR A FLORIDA BIRTH RECORD Florida Department of Health Monroe County



Office of Vital Statistics 1100 Simonton Street, Room 176 Attn: Vitals Key West, FL 33040 Phone Number: (305) 676-3840 Fax Number: (305) 809-5659 9 A.M. to 4 P.M. Monday - Friday

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.**

		-			tification Card.		
			N A: REGISTRAN				
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 SUF		
DATE OF BIRTH	MONTH	DAY	YEAR (4	DIGIT)	STATE FILE NUMBER (If known)) SEX	
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN		COUNTY		
MOTHER'S MAIDEN NAME	FIRST		MIDDLE		LAST	SUFFIX	
FATHER'S NAME	FIRST		MIDDLE		LAST	SUFFIX	
Any person who willfu Statutes, or on any purpos	lly and knowingly application or aff es, commits a fe	provides any fa idavit. or who o	PORTANT INFO alse information o btains confidentia d degree, punisha	n a certificate, re I information fro	ecord or report required by Chap m any Vital Record under false n Chapter 775, Florida Statutes.	oter 382, Florida or fraudulent	
	SECTION	ON B: APPLICA	NT (adult request	ing certificate) IN	FORMATION		
Applicant's Name	FIR	ST, MIDDLE, LAST (I	CLUDING ANY SUFFIX)		SIGNATURE OF APPLI	SIGNATURE OF APPLICANT	
TYPE OR PRINT HOME PHONE NUMBER		MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)			RELATIONSHIP TO REGISTRANT		
ALTERNATE PHONE NUMB	ER	CITY		STATE	E ZIP (ZIP CODE	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENS		LICENSE/ BAR NUMBER		NAME OF REPRE	and THEIR RELATION	and THEIR RELATIONSHIP TO REGISTRANT	
	SEC	TION C: COUNT	Y HEALTH DEPAR	RTMENT FEE INF	ORMATION		
	Pric	e	Pe	er Qu	antity	Total	
Certified Birth Certifi	cate \$20.0	00	Х		=		
Plastic Sleeve	\$ 5.0	\$ 5.00		(=		
Payment options**						Credit Card	
	ATION AND INS	STRUCTIONS	S FOR BIRTH F	RECORD APP		y type of travel.	
Certificate # Date://							

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:

BUREAU 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 Form 1958, 08/2010) 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.

Florida Department of Health, Monroe County

Office of Vital Statistics 1100 Simonton Street Key West, FL 33040 Attn: Vitals

PLEASE VISIT THE OFFICE OF VITAL STATISTICS WEBSITE Floridavitalstatisticsonline.com