



APPLICATION FOR FLORIDA BIRTH RECORD

St. Lucie County Health Department

5150 NW Milner Drive, Port St. Lucie, FL 34983

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 valid photo identification. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

TYPE or PRINT

(Registrant's) FULL NAME AT BIRTH	FIRST	MIDDLE		LAST		SUFFIX	
If name was changed since birth, indicate new name	FIRST	MIDDLE		LAST		SUFFIX	
PLACE OF BIRTH FLORIDA	HOSPITAL		CITY		COUNTY (REQUIRED)		BIRTH FILE NUMBER (if known)
DATE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	IF YEAR IS NOT KNOWN ENTER RANGE OF YEARS TO BE SEARCHED IN NEXT BOX		AGE	SEX
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST		MIDDLE		LAST (MAIDEN)		SUFFIX
FATHER'S NAME	FIRST		MIDDLE		LAST		SUFFIX

IMPORTANT: A copy of your valid United States government photo identification along with this completed application is required before processing request.

FEES FOR BIRTH CERTIFICATES

FEE	QUANTITY	TOTAL
Certified computer copy of birth certificate	\$15.00	
Additional certified computer copies	\$10.00	
Plastic protective sleeves	\$ 4.00	
Search fee	\$ 5.00	

Applicant name/Delivery 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.

PLEASE COMPLETE THIS SECTION

Applicant's Name <u>TYPE OR PRINT</u>	FIRST	MIDDLE		LAST		SUFFIX	
STATE RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT						
HOME PHONE NUMBER ()	RESIDENCE STREET ADDRESS (AND APT.)						
WORK PHONE NUMBER ()	CITY			STATE		ZIP CODE	

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

AVAILABILITY:

State law did not require birth registration until 1917. However, there are some records on file at the State Office of Vital Statistics 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) the registrant (the child named on the record) if of legal age (18), 2) parent, 3) guardian, or 4) a legal representative of one of these persons or 5) by 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 for a birth event that occurred over 100 years ago (except for those birth records under seal).

REQUIREMENT FOR ORDERING:

If applicant is self, parent, guardian or legal representative then the applicant must provide a completed application along with valid photo identification (ID). If guardian, a copy of appointment orders must be included. If legal representative, your attorney ID 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 and that you are requesting for official purposes.

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 your 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).

APPLICANT'S SIGNATURE:

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

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	