



# APPLICATION FOR FLORIDA BIRTH RECORD

Florida Department of Health - Volusia County

Office of Vital Statistics

Office Hours: Monday - Friday 8:00 - 4:45

(Florida Birth Records are available for 1930 to current year)

**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: **Driver's License, State Identification Card, Passport**, and/or **Military Identification Card**. 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.

|  |          |        |                |                              |     |
|--|----------|--------|----------------|------------------------------|-----|
| 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 MAIDEN NAME                               | FIRST    | MIDDLE | LAST           | SUFFIX                       |     |
| FATHER'S NAME                                      | FIRST    | MIDDLE | LAST           | SUFFIX                       |     |

### 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 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.*

|   |  |        |                             |          |
|---|--|--------|-----------------------------|----------|
| Applicant's Name<br>TYPE OR PRINT                 | FIRST  | MIDDLE | LAST (INCLUDING ANY SUFFIX) |          |
| MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE) | CITY   |        | STATE                       | ZIP CODE |
| HOME PHONE NUMBER<br>( )                          | RELATIONSHIP TO REGISTRANT   |        | SIGNATURE OF APPLICANT      |          |
| WORK PHONE NUMBER<br>( )                          |  |        | APPLICANT'S SIGNATURE       |          |
| IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO. | IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT |        |                             |          |

### CERTIFICATES AND FEES

|   | Cost           |   | Quantity          |   | Total Cost     |
|---|----------------|---|-------------------|---|----------------|
| <b>Certified Copy:</b>  | <b>\$15.00</b> |   | <b>1</b>          | = | <b>\$15.00</b> |
| <b>Additional Certified Copy (Optional):</b><br>(per copy. Must be same registrant)   | <b>\$8.00</b>  | x |                   | = |                |
| <b>Expedited Processing (Optional):</b><br>(Only available for applications received by mail. See reverse side of form for instructions.) | <b>\$10.00</b> |   |                   | = |                |
| <b>Overnight Delivery (Optional):</b><br>(See reverse side of form for instructions.)   | <b>\$10.00</b> |   |                   | = |                |
| <b>Protective Sleeve (Optional):</b>  | <b>\$3.00</b>  | x |                   | = |                |
|   |                |   | <b>Total Due:</b> | = |                |

**FOR USE BY FDOH VITAL STATISTICS OFFICIALS ONLY:**

**Certificate #:** \_\_\_\_\_ **Application ID #:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

# 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.

**OPTIONS FOR EXPEDITED SERVICES (only available for mailed applications):**

**Expedited Processing Fee:** If you want to have your application expedited, please mark the outside of your envelope EXPEDITE with the \$10.00 expedited processing fee enclosed. If the record and application are complete and in order, the application will be processed and the certificate(s) mailed via U.S. Mail by the next business day.

**Overnight Delivery Fee:** If you would like to have your certificate(s) returned to you via FedEx (where available, some locations require a two-day delivery which is determined by FedEx based on delivery address), please include an additional \$10.00 Overnight Delivery fee with your application and \$10.00 expedited processing fee, for a total of \$20.00. If the record and application are complete and in order, the application will be processed and the certificate(s) sent via FedEx on the same business day the request was received.

**Adult signature is required at time of delivery.**

**Regular Mail Request:** general processing time is 7 to 10 business days for non-expedited mail request.

**PAYMENT OPTIONS FOR SERVICES:**

Mail in request: Checks (starter checks are not accepted) or Money Order payable to **Florida Department of Health - Volusia County**

**Mailing Address:** Florida Department of Health - Volusia County  
Office of Vital Statistics - Bin #102  
P.O. Box 9190  
Daytona Beach, FL 32120

**Website:** www.volusiahealth.com

**Telephone #:** 386-274-0614