



APPLICATION FOR FLORIDA BIRTH RECORD
SEMINOLE COUNTY HEALTH DEPARTMENT

Vital Statistics Department

Monday-Friday 8:00 to 4:00 pm

No Personal Check

400 WEST AIRPORT BLVD

DEBIT OR CREDIT

Sanford Florida 32773

VISA OR MASTER CARD(only)

407 665 3226

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 **photo identification**. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card. Valid (not expired)**

PLEASE TYPE or PRINT ALL INFORMATION

(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)	AGE SEX
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST	MIDDLE	LAST (MAIDEN)	SUFFIX
FATHER'S NAME	FIRST	MIDDLE	LAST	SUFFIX

IMPORTANT: READ THE ENTIRE APPLICATION BEFORE COMPLETING.
To obtain and use a Florida birth record under false or fraudulent purposes is a third-degree felony punishable by the terms and conditions set forth in Florida Statutes.

CERTIFICATES AND FEES - Certificates available for Florida births only

	Cost	Quantity	Total Cost
Certified Copy	\$12.00		
Additional Certified Copies of same record (ordered at the same time)	\$ 6.00		
Optional Plastic Covers for Certificates	\$ 3.00		
		TOTAL DUE:	\$

PLEASE READ ALL INFORMATION ON BACK BEFORE SUBMITTING APPLICATION

APPLICANT'S NAME	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	

OFFICIAL USE ONLY - To be completed by Seminole County Health Department staff

Date:	Receipt #:	Document #:
Driver's License #:	Other:	

VALID PHOTO IDENTIFICATION MUST BE INCLUDED ALONG WITH THIS COMPLETED APPLICATION

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

AVAILABILITY:

State law did not require birth registration until the year 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:

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 the applicant must provide a completed application along with photo identification (ID). If guardian, a copy of an appointment order must be included. If legal representative, provide your attorney identification number (ID), and a notation of whom you are representing 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 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). If you are an agent of local, state or federal agency requesting a certificate, record for official purposes, indicate in the space provided for "relationship" the name of the agency and that you are requesting the certificate for official purposes.

APPLICANT'S SIGNATURE:

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

ACCEPTABLE FORMS OF IDENTIFICATION: Valid (not expired)

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

PAYMENT: Cash, Credit Cards,(Visa Mastercard only) Money Orders, Cashier's Checks :
Make payable to: Seminole County Health Department