



APPLICATION FOR FLORIDA BIRTH RECORD

Sumter County Health Department
 PO Box 98
 Bushnell, FL 33513

Audit Control # _____

Applicant ID #: _____

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide a copy of a **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. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

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 (Name before marriage)	FIRST		MIDDLE	LAST	SUFFIX
FATHER'S NAME	FIRST		MIDDLE	LAST	SUFFIX

	Quantity	Amount
A computer certification requires the \$10 fee which entitles the applicant to one registered birth (1917 to present)	\$10.00 X <input type="text"/>	= <input type="text"/>
Additional computer certifications:	\$5.00 X <input type="text"/>	= <input type="text"/>
Protective Plastic Sleeve	\$2.00 X <input type="text"/>	= <input type="text"/>
Total amount Enclosed:		<input type="text"/>

Check or money order payable to Sumter County Health Department in U. S. Dollars. Do not send cash by mail.

Visa and Master Card Accepted - complete information on back of application.

International payments should be made by credit card, cashiers check or money order in US Dollars.

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.

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

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 which are:

- 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.
- 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.

PHOTOCOPY: A photocopy is a certificate of the registered birth on file. Photocopies of birth certificates are certified documents.

AVAILABILITY: Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865. 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
P.O. BOX 210
Jacksonville, FL 32231-0042

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. An 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.

REQUIREMENT FOR ORDERING: If applicant is self, parent, legal guardian or legal representative, then the applicant must provide a completed application along with a copy of a valid photo identification. If legal guardian, a copy of the appointment orders must be included with your request. If legal representative, your attorney bar 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. 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, 2/03) submitted with your application for the birth record along with a copy of a 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.

TIME OF BIRTH: This item was not collected on the birth events between 1949 – 1969.

If paying by credit card, please complete the following information: ___ Visa ___ Mastercard	
Cardholder authorizes the payment of this invoice by the issuer identified below and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer.	
Credit card number: _____	Expiration date: _____
Cardholder name: _____	Payment amount _____
Credit Card billing address: _____	City/State _____ Zip _____
Cardholder Signature _____	

PLEASE VISIT THE STATE OFFICE OF VITAL STATISTICS WEBSITE

http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html