

## **APPLICATION FOR FLORIDA BIRTH RECORD**

(For County Health Department/Tax Collector Office Use Only)

Order on line! MYPOLKHEALTH.ORG

Mailing address: Florida Department of Health in Polk County office of Vital Statistics

1290 Golfview Avenue, Bartow Florida 33830-6740

Phone: 863-519-8446 Bartow Fax: 863-519-7587 Lakeland Fax: 863-284-4216

| 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 front and back of your 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: <u>Driver's License, State Identification Card, Passport,</u> and/or <u>Military Identification</u> |
| <u>Card</u> .   |

| <del>a</del>  |                                       |                   |                 |                |                |                        |                             |              |        |  |
|---|---------------------------------------|-------------------|-----------------|----------------|----------------|------------------------|-----------------------------|--------------|--------|--|
| FULL NAME AS SHOWN ON<br>BIRTH RECORD                 | FIRST                                 |                   |                 | MID            | DLE            | LAST                   |                             |              | SUFFIX |  |
| IF NAME WAS CHANGED<br>SINCE BIRTH, INDICATE NEW      | FIRST                                 |                   |                 | MID            | DLE            | LAST                   |                             |              | SUFFIX |  |
| NAME  | MONTH                                 | DAY               | YEAR (4-DIGIT)  | STATE          | FILE NUMBER (I | f known)               |                             | SEX          |        |  |
| DATE OF BIRTH   |                                       |                   |                 |                |                |                        |                             |              |        |  |
| PLACE OF BIRTH  | HOSPITAL                              |                   |                 |                | CITY OR TOWN   |                        |                             | COUNTY       |        |  |
| MOTHER'S MAIDEN NAME                                  | FIRST                                 |                   |                 | MID            | DLE            |                        | LAST                        | AST SUFFIX   |        |  |
| FATHER'S NAME   |                                       | FIRST             |                 | MID            | DLE            | LAST                   |                             |              | SUFFIX |  |
|   |                                       | ADDI ICANT        | ' (adult raqua  | oting cortifi  | ooto) INEO     | - MATION               |                             |              |        |  |
| Any person who willfully a or on any application or a | nd knowingly                          | provides any      |                 | n on a certifi | cate, record o | r report requi         |                             |              |        |  |
| , ,,  |                                       |                   | ree, punishable | as provided    | in Chapter 77  | 5, Florida Stat        | utes.                       | •            |        |  |
| Applicant's Name TYPE OR PRINT                        |                                       | FIRST             |                 | MID            | MIDDLE         |                        | LAST (INCLUDING ANY SUFFIX) |              |        |  |
| MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)     |                                       |                   |                 |                | CITY           |                        | STATE                       | ZIP CODE     |        |  |
| HOME PHONE NUMBER                                     | ME PHONE NUMBER RELATIONSHIP TO REGIS |                   |                 |                |                | SIGNATURE OF APPLICANT |                             |              |        |  |
| ( ) WORK PHONE NUMBER                                 |                                       |                   | ONOTHE TO REGIO |                |                | SISIT.                 | OKE 01 711 1 2107           |              |        |  |
| ( )<br>IF ATTORNEY, PROVIDE BAR/PI<br>LICENSE NO.     | IF ATTC                               | PRNEY , PROVIDE I | NAME OF PERS    | ON YOU REPRI   | ESENT AND THE  | IR RELATIONSHI         | P TO REGISTRA               | ANT          |        |  |
|   |                                       |                   | UNIQUE COU      | NTY INFOR      | RMATION        |                        |                             |              |        |  |
|   |                                       |                   |                 | FEES:          |                |                        |                             |              |        |  |
| BIRTH CE<br>How Many?                                 | RTIFICATE                             |                   | al copies are   |                |                | • •                    | ordering on                 | the same d   | lay.   |  |
| PLASTIC (   | COVERS                                | \$3.0             | 0 EACH          |                |                |                        |                             |              |        |  |
| ***If mailing your app                                | olication re                          | emember to        | o send a cop    | y of the fr    | ont and ba     | ick of your            | valid ident                 | ification*** |        |  |
|   |                                       | THIS              | S SPACE IS FO   | OR OFFICIA     | AL USE ONL     | .Y                     |                             |              |        |  |
| Safety#   |                                       | Date_             |                 | Receipt#_      |                | ID                     |                             |              |        |  |

## 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:

## **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 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.

<u>RELATIONSHIP TO REGISTRANT</u>: 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.

## **UNIQUE COUNTY INFORMATION**

Polk County Vital Statistics now offers online ordering! Visit us at MYPOLKHEALTH.ORG

PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE