



APPLICATION FOR FLORIDA BIRTH RECORD
Florida Department of Health in Broward County
Vital Statistics Department
780 SW 24 Street, Ft. Lauderdale, FL 33315-2643
(954)-467-4413

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant **must** complete this application and provide **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.**

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) | IF YEAR IS NOT KNOWN ENTER RANGE OF YEARS TO BE SEARCHED IN NEXT BOX |
| | | | NOT AVAILABLE LOCALLY | AGE |
| MOTHER'S MAIDEN NAME (Name before marriage) | FIRST | MIDDLE | LAST (MAIDEN) | SUFFIX |
| FATHER'S NAME (If the Father is listed) | FIRST | MIDDLE | LAST | SUFFIX |

IMPORTANT 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 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 | |

CERTIFICATES AND FEES - Certificates available for Florida births only

| Services | Cost | Quantity | Total Cost |
|---|---------|----------|----------------------|
| <input type="checkbox"/> Certified Copy | \$15.00 | | |
| <input type="checkbox"/> Optional Plastic Covers for Certificates | \$ 3.00 | | |
| <input type="checkbox"/> Notary Fee (In Person Only) | \$10.00 | | |
| <input type="checkbox"/> Expedite Processing (takes 3 to 5 business days to process – returned by first class mail) | \$10.00 | | |
| <input type="checkbox"/> Overnight Processing (takes 3 to 5 business days to process– returned by overnight delivery) | \$21.00 | | |
| Note: Expedite or Overnight Processing is for mail orders, and is per order (choose only one) | | | TOTAL DUE: \$ |

CREDIT CARD ORDERS ONLY - To be completed by credit card holder

| | | |
|---|--------------|-------------|
| Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover | Card Number: | Expiration: |
| Full Name on Card: | First | Middle |
| Cardholder's Address: | Street | City |
| | State | Zip |
| Cardholder's Signature: | | |

OFFICIAL USE ONLY - To be completed by Florida Department of Health - Broward County staff

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

In Person Only...
 2421-A SW 6th Avenue
 Fort Lauderdale, FL 33315

In Person Only...
 4105 Pembroke Road
 Hollywood, FL 33021

In Person Only...
 205 NW 6th Avenue
 Pompano Beach, FL 33060

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:

- | | |
|--|---|
| 1) the registrant (the child named on the record) if of legal age (18) | 4) a legal representative of one of these persons, or |
| 2) parent | 5) by court order. |
| 3) guardian | |

In the case of a deceased registrant, upon receipt of the death certificate of the decedent, 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:

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

PAYMENT: Cash, Credit Cards, Money Orders, Cashier's Checks or Bank Drafts; **Personal Checks** accepted only from Broward, Miami-Dade, and Palm Beach counties (name, address, and phone number must be imprinted on the check); **Official Business Checks** (business name, address, and phone number must be imprinted on the check).

Make payable to: Florida Department of Health in Broward County
ADDRESS ON CHECK AND PHOTO IDENTIFICATION MUST BE THE SAME

MAIL ORDERS: Regular mail orders must include a self-addressed, stamped envelope, and take 10 to 14 business days to process. All mail orders must include a copy of an acceptable form of Identification. Do not send cash by mail.

Mail to: Florida Department of Health in Broward County
Vital Statistics Department,
780 SW 24th Street, Ft. Lauderdale, F33315-2643

PHONE or INTERNET ORDERS: Requires the use of a credit card. Requires Expedite and either Regular or Overnight Processing. Must include a copy of an acceptable form of Identification; Phone (866) 830-1906 or Internet <http://broward.floridahealth.gov/>