



APPLICATION FOR FLORIDA BIRTH RECORD

COUNTY: HOLMES COUNTY HEALTH DEPT.

BONIFAY, FL. 32425

(850) 547-8500

8:00 – 3:30

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.**

TYPE or PRINT

(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	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.

	<u>FEE</u>	<u>NUMBER REQUESTING</u>	<u>AMOUNT</u>
FIRST COPY	\$10.00	_____	_____
ADDITIONAL COPIES	\$10.00	_____	_____
POSTAGE & HANDLING	\$ 2.00	_____	_____
PROTECTIVE SLEEVE	\$ 2.00	_____	_____
ID _____			TOTAL _____
CASH _____	CHECK _____	DEBIT _____	CREDIT _____

Applicant's Name TYPE OR PRINT	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

Remember to include a copy of your photo identification along with this completed application.

[] Check here if certification(s) to be mailed to a different address. Space is provided on the reverse of this application for indicating the name and address of the person who is to receive the certifications.

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

AVAILABILITY:

State law did not require birth registration until 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), 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 then the applicant must provide a completed application along with photo identification (ID). If guardian, a copy of appointment orders must be included. If legal representative, your attorney ID 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 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 a copy of 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).

APPLICANT'S SIGNATURE:

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

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.				
SHIP TO Name TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

OFFICIAL USE ONLY

AUDIT CONTROL NUMBER _____

INITIALS OF ISSURER _____

DATE OF ISSUANCE _____

