



APPLICATION FOR A FLORIDA BIRTH CERTIFICATE

For Miami-Dade VITAL RECORDS Use Only

1350 NW 14th Street #101
Miami, FL 33125
Tel.#305-575 -5030
IN PERSON AND BY MAIL
8:00 A.M. to 4:00 P.M.

18680 NW 67th Ave
Hialeah, FL 33015
Tel.# 305-628-7227
ONLY IN PERSON
8:00 A.M. to 4:00 P.M.

18255 Homestead Ave
Miami, FL 33157
Tel. #305-278 -1046
ONLY IN PERSON
8:00 A.M. to 4:00 P.M.

Read the Front and Back of this application. Requirements for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete entire application and provide valid photo identification, if a mail request, a copy of the 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: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

SECTION A: REGISTRANT INFORMATION				
CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	NAME	MIDDLE	LAST	SUFFIX
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	NAME	MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH / DAY	YEAR (4 DIGITS)	STATE FILE NUMBER (If Know)	SEX
PLACE OF BIRTH	HOSPITAL	CITY OR TOWN	COUNTY	
MOTHER'S / PARENT'S NAME	NAME	MIDDLE	LAST NAME PRIOR THE MARRIAGE (If is applicable)	SUFFIX
FATHER'S / PARENT'S NAME	NAME	MIDDLE	LAST NAME PRIOR THE MARRIAGE (If is applicable)	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.

SECTION B: APPLICANT INFORMATION (adult requesting certificate)

APPLICANT'S NAME (TYPE OR PRINT)	FIRST, MIDDLE, LAST (INCLUDING ANY SUFIX)	SIGNATURE OF APPLICANT		
PHONE NUMBER ()	MAILING ADDRESS (INCLUDE APT. No., IF APPLICABLE)			RELATIONSHIP TO REGISTRANT
ALTERNATE PHONE NUMBER		CITY STATE		ZIP CODE
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE No.	LICENSE/BAR NUMBER	NAME OF PERSON REPRESENTED	THEIR RELATIONSHIP TO REGISTRANT	

SECTION C: COUNTY HEALTH DEPARTMENT FEE INFORMATION

FEE/ORDERING INFORMATION	FEE	NUMBER OF COPIES	AMOUNT DUE
Fee for one certified copy of a birth record or search is \$20.00 for application	\$ 20.00 X	1	\$20.00
When purchased at the same time, additional copies of identical birth record are \$16.00 each.	\$ 16.00 X		= \$
ADD A PLASTIC SLEEVE TO YOUR ORDER FOR \$3.00	\$ 3.00 X		= \$
RUSH ORDERS (Optional): 10.00 per order. This option provides quick processing within the Office of Vital Records only.		YES <input type="checkbox"/> NO <input type="checkbox"/>	= \$
TOTAL AMOUNT ENCLOSED: Certified checks or Money Order only payable to Vital Records in US dollars. (PLEASE DO NOT SEND CASH) Mail completed applications to: <u>Vital Record Unit</u> , 1350 NW 14 ST Room 101 Miami, Florida 33125.			Total Due

FOR MAILING CREDIT CARDS USERS ONLY - Applicant's Name must match with name on Credit card.

Only accepted	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Card Number:
Expiration:	CVV#:	Cardholder's Name:
Billing Address: (Street)	City	State
		Zip Code

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 Parent's 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 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
ATTENTION A: Records Amendment Section
P.O. BOX 210
Jacksonville, FL 32231-0042

REQUIREMENT FOR ORDERING: If the 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 Form 1958, 08/2010) 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.

RELATIONSHIP TO REGISTRANT: A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if the 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 non refundable.

APPLICANT'S SIGNATURE: Is required, as well as his/her printed name, residence address and telephone number.

COUNTY HEALTH DEPARTMENT NAME AND ADDRESS

MAIL THIS APPLICATION WITH YOUR PAYMENT TO: (PHOTO ID REQUIRED, NO PERSONAL CHECK ACCEPTED)
VITAL RECORDS UNIT
1350 NW 14th STREET, Suite 101
MIAMI, FL 33125

VISIT OUR WEBSITE AT:

<http://miamidade.floridahealth.gov/certificates/index.html>