APPLICATION FOR A FLORIDA BIRTH RECORD
Florida Department of Health in Sumter County

P.O. Box 98
Bushnell, FL 33513
(352) 569-3139

Audit Control # _____ **Applicant ID #** _____

Read the FRONT AND BACK of this application**:** 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 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	**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 / PARENT'S NAME	**FIRST**		**MIDDLE**	**LAST NAME PRIOR TO FIRST MARRIAGE (If applicable)**	**SUFFIX**
FATHER'S / PARENT'S NAME	**FIRST**		**MIDDLE**	**LAST NAME PRIOR TO FIRST MARRIAGE (If 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 (adult requesting certificate) INFORMATION

Applicant's Name TYPE OR PRINT	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)		SIGNATURE OF APPLICANT
HOME 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 and THEIR RELATIONSHIP TO REGISTRANT	

SECTION C: COUNTY HEALTH DEPARTMENT FEE INFORMATION

			Quantity		Amount
A computer certification requires a $12.00 fee which entitles the applicant to one registered birth (1917 to present):	**$12.00**	**X**		**=**	
Additional copy of birth certification	**$5.00**	**X**		**=**	
Protective Plastic Sleeve	**$2.00**	**X**		**=**	

Check or money order payable to FDOH in Sumter County in U.S. dollars. Do not send cash by mail. Visa and Mastercard accepted - complete information on back.

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 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 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.

COUNTY HEALTH DEPARTMENT NAME AND ADDRESS
If paying by credit card by mail, 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.
Card # _____ Exp Date _____ Cardholder name: _____ Payment amount _____ Address: _____ Cardholder Signature_____