



# AFFIDAVIT TO RELEASE BIRTH CERTIFICATION

(If you are eligible to receive the birth certificate requested below, you may use **this form** to name another person to receive the birth certificate for you.)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

My Name is: *(print name)* \_\_\_\_\_ .

I am eligible, by law, to receive the birth certificate requested below, because I am the: *(check one)*

- Child named on the birth certificate, and of legal age (18).
- Parent listed on the child's birth certificate.
- Legal Guardian of the child named on the birth certificate  
(Documentation required).
- Legal Representative of the child or parent named on the birth certificate  
(Documentation required).

I authorize the Department of Health, Office of Vital Statistics to issue the birth certificate of:

\_\_\_\_\_ to \_\_\_\_\_  
(child named on birth certificate) (print name of person to receive birth certificate)

**(Required)** I have attached a photocopy of my valid photo ID:

\_\_\_\_\_ .  
type of Identification attached *(If attorney, only bar number required)*

**NOTE: Pursuant to s. 382.026, Florida Statutes, it is a 3<sup>rd</sup> degree felony to obtain and use a Florida birth record fraudulently, punishable as set forth in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.**

I hereby swear or affirm the above statements are true and correct.

\_\_\_\_\_  
*signature of person checked above*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_, who is: \_\_\_ personally known to me, or, \_\_\_ who has  
*(print name of person checked above)*

produced \_\_\_\_\_ as Identification. My Commission Expires: \_\_\_\_\_.  
*(type of Identification produced)*

\_\_\_\_\_  
*(signature of notary)* \_\_\_\_\_ *(print, type or stamp name of notary)* (SEAL)

***Even if personally known to the notary, the rules of the Department of Health require the person completing this form to provide a photocopy of valid photo identification.***