



Rick Scott  
Governor

H. Frank Farmer, Jr., MD, Ph.D, FACP  
State Surgeon General

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## BIRTH CERTIFICATE REQUEST

**NAME OF APPLICANT**

\_\_\_\_\_

**APPLICANT'S RELATIONSHIP**

(Self, Mother, Father)

\_\_\_\_\_

**APPLICANT'S ADDRESS**

\_\_\_\_\_

**CITY/STATE/ZIP**

\_\_\_\_\_

**FULL NAME ON CERTIFICATE**

\_\_\_\_\_

**DATE OF BIRTH**

\_\_\_\_\_

**MOTHER'S MAIDEN NAME**

\_\_\_\_\_

**FATHER'S NAME**

\_\_\_\_\_

**COUNTY WHERE BIRTH OCCURRED**

\_\_\_\_\_

**PAYMENT INFORMATION:**

**CREDIT CARD NUMBER**

\_\_\_\_\_

**Exp. Date:**

\_\_\_\_\_

**NAME ON CREDIT CARD:**

\_\_\_\_\_

**PHONE NUMBER**

\_\_\_\_\_

**APPLICANT'S SIGNATURE**

\_\_\_\_\_

**NUMBER OF COPIES REQUESTED:**

\_\_\_\_\_

**METHOD OF SHIPPING:**

**USPS** \_\_\_\_\_

**FedEx** \_\_\_\_\_