



APPLICATION FOR FLORIDA BIRTH RECORD

(For Tax Collector Office Use Only)

Ruth Pietruszewski
Martin County Tax Collector
3001 SW Martin Downs Blvd
Palm City FL 34990

Requirement for ordering: Applicant(self or parent) must complete this application and provide valid photo identification. **Acceptable forms of identification are:** Driver's License, State Identification Card, Passport, and/or Military Identification Card.

| | | | | | | |
|--|----------|-----|----------------|------------------------------|--|--------|
| 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 MAIDEN NAME | FIRST | | MIDDLE | LAST | | SUFFIX |
| FATHER'S NAME | FIRST | | MIDDLE | LAST | | SUFFIX |

APPLICANT (adult requesting certificate) 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 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.

| | | | | | |
|---|----------------------------|--------|-----------------------------|----------|--|
| Applicant's Name TYPE OR PRINT | FIRST | MIDDLE | LAST (INCLUDING ANY SUFFIX) | | |
| MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE) | | CITY | STATE | ZIP CODE | |
| HOME PHONE NUMBER () | RELATIONSHIP TO REGISTRANT | | SIGNATURE OF APPLICANT | | |
| WORK PHONE NUMBER () | | | | | |

ORDER & FEE INFORMATION

| | | | | <u>COST</u> |
|--|-------|---|--------------------|-------------|
| Number of Florida Birth Certifications Ordered | _____ | @ | _____ [county fee] | each _____ |
| Additional copies ordered at same time (if applicable & if cost is different from 1st copy) | _____ | @ | _____ [county fee] | each _____ |

For Office Use Only:

Date: _____

Audit Control # (Bottom Left): _____

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 to:

1. Registrant (the child named on the record) if of legal age (18)
2. Parent(s) listed on the Birth Record

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 more than 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: Applicant (self or parent) must provide valid photo identification. Acceptable forms of identification are the following: **Driver's License**, **State Identification Card**, **Passport** and/or **Military Identification Card**.

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.

NONREFUNDABLE: Vital record fees are nonrefundable.

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

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|---|
| COUNTY HEALTH DEPARTMENT NAME & ADDRESS |
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PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE

<http://www.floridahealth.gov/certificates-and-registries/index.html>