

State of Florida - Department of Health Vital Statistics

APPLICATION FOR FLORIDA COMMEMORATIVE BIRTH CERTIFICATE

(Available only from the State Office of Vital Statistics)

Requirement for ordering Application to be used ONL Y if requesting a Commemorative Birth Certificate (also includes issuance of one computer certification). If only computer certification or photocopy desired, use DH 726 Application for Certificate of Birth. If event is less than 100 years old and if applicant is the registrant (child named on record) of legal age; parent listed on record; legal guardian; or legal representative of any of these, then the applicant must complete this application and provide a copy of valid unexpiredphoto identification If ordering as a gift: In accordance with Florida Law, if you are not an authorized person, you must provide an Affidavit to Release a Birth Certificate, DH Form 1958 completed by an authorized person, authorizing you as the named individual, to obtain the commemorative certificate and you must present a copy of a valid unexpired photo identification:. A photocopy of the required ID will be accepted verifying that you are, in fact, that named individual shown on the affidavit to obtain the birth certificate 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. If event is over 100 years old, no photo ID required as birth records over 100 years old are public record and available to anyone.

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST			MIDDLE	LAST		SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If I	known) SEX		
PLACE OF BIRTH (MUST HAVE OCCURRED IN FLORIDA)	HOSPITAL			CITY OR TOWN		COUNTY	
MOTHER*S MAIDEN NAME (Name before marriage)	FIRST		MIDDLE	MAI	MAIDEN LAST		
FATHER'S NAME	FIRST			MIDDLE	LAST		SUFFIX
		~					

Commemorative birth certificates are signed by the current Governor and State Registrar of Vital Statistics. The certificates contain calligraphy style printing, gold state seal, and are suitable for framing and preserving as family heirlooms. Commemorative certificates are mailed encased in cardboard shields to ensure protection. Information on the application is requested to assist us in our search for the record. Information that is shown on a commemorative certificate is taken from the actual birth certificate not the information provided on this application.

A	Include a check or money order in U.S. dollars for \$34.00 made payable to the `Office of Vital Statisticshe fee covers the search, one computer certification, one commemorative certificate, and mailing 1 ST class mail. The computer certification will be mailed within 3-5 business days and the commemorative will follow within 4-6 weeks.	X		
A	If the birth record is not located No Record Found Statement of that fact is issued along with a form to request a refund for \$25.00 and any additional copy fee. The \$9.00 search fee is non refundable. If for any reason we are unable to provide a commemorative certificate due to the type of record filed, the \$25.00 fee will be refunded.			
A	Additional Computer Certification, when ordered at the same time is \$4.00 each.	X		
>	Additional Commemorative Certification, when ordered at the same time is \$25.00 each	X		

Be Sure To Check Appropriate Box For Your Special Commemorative Design Selection

Florida Law imposes an additional service charge of \$15.00 for dishonored checks

(Larger images of the commemorative options can be viewed at our website)



TOTAL AMOUNT ENCLOSED:





TOTAL

PALM

TRADITIONAL (Florida Capitol background)

BEACH (Small Footprints/Ball/Bucket)

APPLICANT NAME/DELIVERY INFORMATION APPLICANT NAME/DELIVERY INFORMATION APPLICANT NAME/DELIVERY INFORMATION APPLICANT NAME/DELIVERY INFORMATION APPLICANT NAME/DELIVERY 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.

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Applicant's Name	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)				
TYPE OR PRINT							
TIPE OK PRINT							
DELIVERY ADDRESS (INCLUDE APT. NO., IF APPLICABLE)		CITY STATE	ZIP CODE				
HOME PHONE NUMBER WORK PHONE NUMBER		RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT				
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.		IF ATTORNEY , PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT					

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

If the Certification is to be maleby to another tensor or abbress coefficient to steel to the to make and abbress,								
SHIP TO NAME TYPE OR PRINT	FIRST		MIDDLE	LAST (INCLUDING ANY SUFFIX)				
HOME PHONE	E NUMBER	SHIP TO STREET ADDRES	S (AND APT. NO. IF APPLICABLE)					
WORK PHONI	E NUMBER		CITY STATE		ZIP CODE			