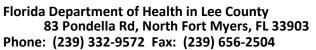


APPLICATION FOR A FLORIDA BIRTH RECORD

(County Health Department Use Only)





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			MID	DLE	LAST			SUFFIX	
DATE OF BIRTH	MONTH DAY			YEAR (4	1 DIGIT)	STA	STATE FILE NUMBER (If known)			
PLACE OF BIRTH	HOSPITAL				CITY OR TOWN		COUNTY			
MOTHER'S / PARENT'S NAME	FIRST			MIDDLE LAS			AME PRIOR TO F	SUFFIX		
FATHER'S / PARENT'S NAME	FIRST			MIDDLE LAS'			AME PRIOR TO F (If applicat	SUFFIX		
Any person who willfully a on any application or affic		vho obta	vides any false ins confidential		certificate, recor any Vital Recor	d under false (or fraudulen			
		SEC	TION B: APPLI	CANT (adult requ	esting certificate) INFORMATION	ON			
Applicant's Name			FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)			SIGNATURE OF APPLICANT				
TYPE OR PRINT										
PHONE NUMBER	MAILING ADDRESS (INCLUDE APT.			NO., IF APPLICABLE)	•	REI	RELATIONSHIP TO REGISTRANT			
()										
ALTERNATE PHONE NUMBER		CITY			STAT	ΓE	ZIP CODE			
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.		LICENSE/ BAR NUMBER NAM			IE OF PERSON REPRESENTED		and THEIR RELATIONSHIP TO REGISTRANT			
		SE	CTION C: COU	NTY HEALTH DEF	PARTMENT FEE	INFORMATION	V			
Payment types accepted:				ficate you are purcha			ALL State and	Federal Agencies		
If applying in Person - Cash or Cre	edit Card	Nur	nber of certific	cates ordered .	1	x \$14.00	=	\$14.00	_	
If applying by Mail - Money Order of Business Check - Payable to LCHD				ed at the same time			=		-	
PERSONAL CHECKS ARE NOT ACCEPTED		Optional RUSH (processed within 1 business day of receipt)				x \$10.00	=			
IF PLACING ORDER BY MAIL YOU MUST		Shipping & Handling Fee per application (Standard U.S. PostalDe					_		-	
INCLUDE A COPY OF THE FRONT AN YOUR VALID PHOTO IDENTIFIC.	D BACK OF	11 3	3 1 11	•		•	_ nount Due		_	
	-			*** FOR OFFICE U	SE ONLY ***					
Issue Date:			CASH		Visa/Master Ca	Visa/Master Card/Discover/Amex				
Issued By:					Check#			_		
Audit Control Number(s):		•		TO						

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 125 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.

<u>RELATIONSHIP TO REGISTRANT</u>: 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

Florida Department of Health in Lee County 83 Pondella Rd, North Fort Myers, FL 33903 Phone: (239) 332-9572 Fax: (239) 656-2504 Website: http://lee.floridahealth.gov/

Hours of Operation: Monday to Friday 9:00 AM to 4:00 PM