



**APPLICATION FOR FLORIDA BIRTH RECORD
FLORIDA DEPARTMENT OF HEALTH WALTON COUNTY**

362 State Highway 83
DeFuniak Springs, FL 32433
(850) 892-8097
(850) 892-8764 Fax

Office Hours **8:00 – 4:30** Monday through Friday

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant **must** complete this application and provide **photo** identification. 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 along with photo identification. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

TYPE or PRINT

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	STATE FILE NUMBER (IF KNOWN)	SEX	AGE
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN		COUNTY	
MOTHER'S MAIDEN NAME	FIRST	MIDDLE		LAST		
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 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 75, Florida Statutes.

APPLICANT'S NAME	FIRST	MIDDLE	LAST	SUFFIX
TYPE OR PRINT				
MAILING ADDRESS (INCLUDE APT. NO IF APPLICABLE)		CITY	STATE	ZIP CODE
HOME PHONE NUMBER ()	RELATIONSHIP TO REGISTRANT		SIGNATURE OF APPLICANT	
WORK PHONE NUMBER ()				
IF ATTORNEY, PROVIDE BAR/PROFESSION LICENSE #	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			

BIRTH CERTIFICATE FEE

\$12.00 Each Copy

Quantity Requested _____

Check here if certification(s) to be mailed to a different address. Space is provided on the reverse of this application for indicating the name and address of the person who is to receive the certifications.

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

AVAILABILITY:

State law did not require birth registration until 1917. However, there are some records on file at the State Office of Vital Statistics dating back to 1865. Most birth records between the years 1930 to present can be obtained through this office. Records on birth events that occurred in 1929 or earlier may be obtained from the **State Office of Vital Statistics**. Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in this manner. For a record under seal write to: **State Office of Vital Statistics, Attn: Records Amendment Section, Post Office Box 210, Jacksonville, Florida 32231-0042.**

ELIGIBILITY:

Birth certificates can be issued only to: 1) the registrant (the child named on the record) if of legal age (18), 2) parent, 3) guardian, or 4) a legal representative of one of these persons or 5) by 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 for a birth event that occurred over 100 years ago (except for those birth records under seal).

REQUIREMENT FOR ORDERING:

If applicant is self, parent, guardian or legal representative then the applicant must provide a completed application along with photo identification (ID). If guardian, a copy of appointment orders must be included. If legal representative, your attorney ID number, and a notation of whom you represent and their 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 and that you are requesting for official purposes.

If not one of the above, you will need to complete the form and have a notarized Affidavit to Release A Birth Certificate (DH Form 1958 2/03) submitted with your application for the birth record, along with a copy of your photo identification.

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. Others must identify themselves clearly as eligible (see ELIGIBILITY above).

APPLICANT'S SIGNATURE:

Applicant's signature is required, as well as his/her printed name, residence address and a valid telephone number.

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.				
SHIP TO Name TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

PLEASE DO NOT WRITE BELOW THIS LINE

Date Ordered: _____ Paid: \$ _____ Date Released: _____

Certificate # _____ Receipt# _____

Cashier: _____ Registrar: _____