



**APPLICATION FOR A FLORIDA BIRTH RECORD**  
(For Florida Department of Health in Osceola County Use Only)

**Vital Statistics**

Read the FRONT AND BACK of this application: Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must be 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**

<b>CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD</b>	FIRST	MIDDLE	LAST	SUFFIX
<b>IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME</b>	FIRST	MIDDLE	LAST	SUFFIX
<b>DATE OF BIRTH</b>	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (if known) SEX
<b>PLACE OF BIRTH</b>	HOSPITAL	CITY OR TOWN	COUNTY	
<b>MOTHER'S/PARENT'S NAME</b>	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLICABLE)	SUFFIX
<b>FATHER'S/PARENT'S NAME</b>	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLICABLE)	SUFFIX

**IMPORTANT INFORMATION**

Any person who willingly 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.

**SECTION B: APPLICANT (adult requesting certificate) INFORMATION**

<b>Applicant's Name TYPE OR PRINT</b>	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)	SIGNATURE OF APPLICANT
HOME PHONE NUMBER ( )	MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)	RELATIONSHIP TO REGISTRANT
ALTERNATE PHONE NUMBER ( )	CITY	STATE ZIP CODE
<b>IF ATTORNEY, PROVIDE BAR/ PROFESSIONAL LICENSE NO.</b>	LICENSE/BAR NUMBER	NAME OF PERSON REPRESENTED and THEIR RELATIONSHIP TO REGISTRANT

**SECTION C: COUNTY HEALTH DEPARTMENT FEE INFORMATION**

Remember to include a copy of your photo identification along with this completed application.

Walk-in Counter Hours 8:00 AM - 4:00 PM Monday Thru Friday, Except Holidays	Quantity	Amount
<b>Florida Computer Birth Certificate Package</b> fee entitles the applicant to one computer certification of a registered birth (1930 to present) and a protective cover.	\$20.00 X	= \$
<b>Additional Copies for the SAME PERSON</b>	\$8.00 ea. X	= \$
<b>Additional Protective Cover</b>	\$3.00 ea. X	= \$
<b>Rush Order</b> \$7.00 per order. Provide a self-addressed stamped 9 1/2 x 12 1/2 envelope, must be marked "Rush" mail orders only.	\$7.00	= \$
<b>Notary Services (optional)</b>	\$8.00 X	= \$
*Prices subject to change without notice.*	CASH / CREDIT	<b>TOTAL</b> \$

(Mail-in orders only) All Visa/MasterCard requests need a copy of credit card holder's identification. (Mail-in orders only)

Visa  MasterCard  Credit Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

NOTE: Osceola County does not accept personal checks. Use money orders or cashier's check.  
DH 1960, 06/2015, Florida Administrative Code Rule 64V-1.0131 (Obsoletes Previous Editions)

Safety Audit # \_\_\_\_\_

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

**COMPUTER CERTIFICATION:** Computer certifications are accepted by all state and federal 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' Names.

**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 deal) for a birth event that occurred over 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:** 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 1958, 2/03) 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.

**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).

**NON-REFUNDABLE:** Vital record fees are non-refundable.

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

COUNTY HEALTH DEPARTMENT NAME AND ADDRESS				
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	

Mail this application with payment to:  
 FLORIDA DEPARTMENT OF HEALTH IN OSCEOLA COUNTY  
 ATTENTION: VITAL STATISTICS  
 1875 FORTUNE ROAD  
 KISSIMMEE, FLORIDA 34744  
 Phone: (407) 343-2009

**NOTE: Osceola County does not accept personal checks. Use money orders or cashier's check.**

**\*Prices subject to change without notice.\***

Option for Rush Service: Vital Chek Credit Card next day UPS service or regular mail available by going to the vital chek website:

Visit us at: <http://osceolahealth.org/vitals1.html>

<http://www.vitalchek.com/Campaign?site=4&clickid=572520536421761026>

PROTECT YOUR BABY, MAKE SURE YOUR BABY IS IMMUNIZED!