**APPLICATION FOR FLORIDA BIRTH RECORD**

**Florida Department of Health in Putnam County**

Office of Vital Statistics  
2801 Kennedy Street  
Palatka, Florida 32177  
Phone: (386) 326-3274  Fax: (386) 326-3350

**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, front & back, must be provided. **Acceptable forms of identification are:** Driver’s License, State Identification Card, Passport, and/or Military Identification Card. 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.

<table>
<thead>
<tr>
<th>CHILD’S FULL NAME AS SHOWN ON BIRTH RECORD</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST</td>
<td>SUFFIX</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR (4-DIGIT)</td>
<td>STATE FILE NUMBER (if known)</td>
</tr>
<tr>
<td>PLACE OF BIRTH</td>
<td>HOSPITAL</td>
<td>CITY OR TOWN</td>
<td>COUNTY</td>
<td></td>
</tr>
<tr>
<td>MOTHER’S MAIDEN NAME</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST</td>
<td>SUFFIX</td>
</tr>
<tr>
<td>FATHER’S NAME</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST</td>
<td>SUFFIX</td>
</tr>
</tbody>
</table>

**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 775, Florida Statutes.

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>TYPE OR PRINT</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST (INCLUDING ANY SUFFIX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address (include apt. no., if applicable)</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
</tr>
<tr>
<td>Home Phone Number</td>
<td>( )</td>
<td>Relationship to Registrant</td>
<td>Signature of Applicant</td>
<td></td>
</tr>
<tr>
<td>Work Phone Number</td>
<td>( )</td>
<td>If Attorney, provide Bar/Professional License No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Attorney, provide name of person you represent and their relationship to Registrant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Method of Payment Accepted:** __Visa   __MC   __Cash   __Debit with Visa/MC logo

<table>
<thead>
<tr>
<th>Certified copy of record</th>
<th>$12.00</th>
<th>X</th>
<th>1</th>
<th>=</th>
<th>$</th>
<th>12.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional copies (same registrant)</td>
<td>$6.00</td>
<td>X</td>
<td></td>
<td></td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Protective Sleeve</td>
<td>$2.00</td>
<td>X</td>
<td></td>
<td></td>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Mail Fee</td>
<td>$10.00</td>
<td>X</td>
<td></td>
<td></td>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT ENCLOSED:**

DH 1960, 06/13 Obsoletes Previous Editions
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)

AVAILABLE:
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 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:

OFFICE 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).

NONREFUNDABLE: Vital record fees are nonrefundable.

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

OFFICIAL USE ONLY

Registrar: ___________________________ Date: _______________________
Audit Control #: ___________________________
ID #: ___________________________ Exp Date: _______________________

PLEASE VISIT THE OFFICE OF VITAL STATISTICS WEBSITE
Floridavitalstatisticsonline.com
DH 1960, 06/13 64V-1.0131, Florida Administrative Code (Obsoletes Previous Editions)