APPLICATION FOR A FLORIDA BIRTH RECORD

Florida Department of Health in St. Johns County
Office of Vital Statistics
200 San Sebastian View
Saint Augustine, Florida 32084
Hours of Operation: Mon-Fri 8:00 a.m.- 5:00 p.m.
Phone: 904-506-6081, x6092

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 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	MIDDLE	LAST		SUFFIX
DATE OF BIRTH	MONTH / DAY	YEAR (4 DIGIT)	STATE FILE NUMBER (If known)		SEX
PLACE OF BIRTH	HOSPITAL	CITY OR TOWN	COUNTY		
MOTHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (If applicable)		SUFFIX
FATHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (If applicable)		SUFFIX

IMPORTANT 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.

SECTION B: APPLICANT INFORMATION (Adult Requesting Certificate) (Provide Valid Photo ID)

Applicant's Name TYPE OR PRINT	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
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	LICENSE/ BAR NUMBER	NAME OF PERSON REPRESENTED and THEIR RELATIONSHIP TO REGISTRANT	

Section C: County Fee Information

***Mail Orders: Send check or money order payable to Florida Department of Health in St. Johns County, or to pay by credit card, call our office and email a complete application with a copy of photo ID to CHD55VS@flhealth.gov.**

*** Mail to Vital Statistics 200 San Sebastian View Ste 1322, St. Augustine, FL 32084**

One Certified Birth Certificate = $15.00

Additional Certificates @ $15.00 Each = $ _____

*** All Mail Orders Require $10.00 Fee = $ _____**

Total = $ _____ _____ Initials

FOR OFFICIAL USE ONLY

ID #		**EXP. DATE:**
AC#	**Amex __ Discover__ Visa __ MasterCard __ Cash __** **Money Order # _____ Check# _____**	
	AFS	**CDR/DR**

DH 1960, 04/2016, Florida Administrative Code Rule 64V-1.0131 (Obsoletes Previous Editions)

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**.

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.

STATE AGENCIES:

~Provide request on your department's letterhead or provide DCF Letter of Agreement
~Provide Agency Identification Card

MAIL ORDERS: Send check or money order payable to the Florida Department of Health in St. Johns County or to pay by credit card call our office at 904-506-6081, x6092 and email a complete application with a copy of valid photo ID to CHD55VS@flhealth.gov. **ALL certifications are sent via FedEx ONLY. The $10.00 mail fee must be included.**

MAIL THIS APPLICATION WITH PAYMENT TO:

Florida Department of Health in St. Johns County

200 San Sebastian View

St. Augustine, FL 32084

ONLINE REQUESTS: Start an order online with our contracted vendor,**VitalChek.com** or call toll free 1-866-230-6769
Please visit our website at **StJohns.FloridaHealth.gov** and select Certificates