



**State of Florida  
Department of Health – Office of Vital Statistics**

**APPLICATION FOR FLORIDA BIRTH RECORD  
(FOR APOSTILLE or EXEMPLIFIED CERTIFICATION)**

TO ENSURE YOU ARE ORDERING WHAT IS NEEDED, PLEASE READ THIS ENTIRE APPLICATION (FRONT AND BACK) PRIOR TO COMPLETING. **The Office of Vital Statistics no longer forwards records to the Department of State (DOS) for the DOS Apostille/Exemplified Certification process.** If you require an apostille or exemplified certification by the DOS, once this record is received by you from our office, you will need to forward it to the DOS. Please read the back of this application for their mailing, street and website addresses and telephone number. You MUST be sure to use this application when requesting certification from our office to ensure you receive the type of certification needed for forwarding to the DOS for their apostille/exemplified certification process. If applicant is self, parent, guardian, or legal representative, the applicant must complete this application and provide a copy of a **current valid photo identification**. If applicant is not one of the above, the Affidavit to Release a Birth Certificate, DH Form 1958 must be completed by an authorized person and submitted in addition to this 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 NAMED ON RECORD). All fields below ARE REQUIRED AND MUST BE completed.**

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)	COUNTRY WHERE CERTIFICATION TO BE USED (Required to ensure you receive the correct type of certification)	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	

**SECTION B – FEES & PAYMENT**

A BIRTH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON-REFUNDABLE SEARCH FEE OF \$9.00 AND VALID PHOTO IDENTIFICATION.

**1<sup>ST</sup> CERTIFICATION**

\$9.00	X	1	=	\$9.00
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Additional Certifications: \$4.00 for each additional certification

\$4.00	X		=	
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Additional Years Search. Required **only** when exact year of birth is **not** known. \$2.00 for each additional year. The maximum additional year search fee is \$50.00 regardless of the total number of years. Be sure to specify in Section A above, if additional years to be searched.

\$2.00	X		=	
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**RUSH ORDERS** (Optional): RUSH Fees are an additional \$10.00.

If you desire RUSH service, mark the outside of your envelope **"RUSH"** (Processing time in our office for Rush Service is 2-3 business days; routine processing time within our office is 4-6 business days.)

Check here for Rush Order

**TOTAL AMOUNT ENCLOSED:** Check or Money Order Payable to: Vital Statistics. (DO NOT SEND CASH)

International payments should be made by Cashier's Check or Money Order in U. S. Dollars.

*Florida Law imposes an additional service charge of \$15.00 for dishonored checks.*

<b>Total Amount Enclosed</b>	
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**SECTION C – APPLICANT/MAILING 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.*

Applicant's Name <b>TYPE OR PRINT</b>	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
DELIVERY ADDRESS (INCLUDE APT. NO., IF APPLICABLE)	CITY		STATE	ZIP CODE
HOME PHONE NUMBER (with area code first)	RELATIONSHIP TO REGISTRANT		SIGNATURE OF APPLICANT	
WORK PHONE NUMBER (with area code first)				
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			

**INFORMATION AND INSTRUCTIONS FOR APPLICATION FOR FLORIDA BIRTH RECORD  
(FOR APOSTILLE or EXEMPLIFIED CERTIFICATION)**

An apostille is a certification provided under the Hague convention of 1961 for authenticating documents for use in foreign countries. An exemplified certification covers those countries who did not sign the Hague Treaty. The sole function of the apostille or exemplified certificate is to certify the authenticity of the signature of the document. In Florida, the apostille or exemplified certificate contains the original signature of the State Registrar and the Secretary of State.

Once the certification is obtained by you, you will need to forward it to the Florida Department of State (DOS) for the Apostille/Exemplified Certification which is certifying to the signature of Florida's State Registrar. The address for mailing to the DOS is: Department of State, Division of Corporations, Apostille Certification, P.O. Box 6800, Tallahassee, FL 32314-6800; telephone (850) 245-6945. If wanting walk in service or using a courier delivery, the address is Department of State, Division of Corporations, Apostille Certification, Clifton Building, 2661 Executive Center Circle, Tallahassee, FL 32301. We urge you visit their website at [www.dos.state.fl.us/](http://www.dos.state.fl.us/) for information you will need regarding their requirements, processing time, fees, etc. Once you access their website, select Corporations, then Apostilles. You will need to be sure you provide the name of the country where the certification is needed to DOS.

**AVAILABILITY:** Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865.

**ELIGIBILITY:** Pursuant to section 382.025, Florida Statutes., birth certificates can be issued only to:

- Registrant (the child named on the record) if of legal age (18)
- Parent(s) listed on the Birth Record
- Legal Guardian (must provide guardianship papers)
- Legal representative of one of the above persons
- Other person(s) by court order (must provide recorded or certified copy of court order), OR
- In the case of a deceased registrant (child named on record), upon receipt of the death certificate of the registrant, 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.

If applicant is self, parent, legal guardian or legal representative, then the applicant must provide a completed application along with a copy of current valid photo identification. If legal guardian, a copy of the appointment orders must be included with your request. If legal representative, your attorney bar 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. 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) submitted with your application for the birth record along with a copy of current valid photo identification.

**RELATIONSHIP TO REGISTRANT:** A person ordering his or her own certificate should enter "SELF". 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).

**RESPONSE TIME:** Processing time can range from 4-6 business days, not including mailing time. A \$10 Rush Fee is optional and will expedite the request within our office. Certification(s) are mailed 1<sup>st</sup> Class Mail unless a prepaid self-addressed express envelope is included with the request.

**FEES ARE NONREFUNDABLE:** If no record is found, a "No Record Found" statement will be issued. Fees are nonrefundable, except fees paid for additional copies when no record is found. These are refunded on written request.

**If you need assistance, you may call our Apostille Unit at (904) 359-6900, ext. 9006.**

**MAIL THIS APPLICATION WITH PAYMENT TO:**

**DEPARTMENT OF HEALTH**

**OFFICE OF VITAL STATISTICS**

**ATTN: APOSTILLE UNIT**

**P.O. BOX 210**

**Jacksonville, FL 32231-0042**

(Street Address: 1217 North Pearl Street, Jacksonville, Florida 32202)

**PLEASE VISIT OUR WEBSITE:**

[www.FloridaVitalStatisticsOnline.com](http://www.FloridaVitalStatisticsOnline.com)