



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

**APPLICATION FOR CERTIFICATE OF FOREIGN BIRTH
IMPORTANT: Read the entire application before completing. TYPE OR PRINT**

Requirement for ordering: If you are an eligible applicant (See ELIGIBILITY), complete and sign this application, state your relationship to registrant and provide a copy of valid photo identification. If you are an attorney representing an eligible person, you need only sign, provide professional license or bar number, indicate name of person whom you represent and their relationship to the registrant in the appropriate spaces below. If applicant is not an eligible person, the Affidavit to Release a Birth Certificate, DH Form 1958, must be completed and signed by an eligible person before a notarizing official and submitted in addition to this application form. Acceptable forms of photo identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

ADOPTIVE NAME OF REGISTRANT FOR NEW RECORD	FIRST	MIDDLE	LAST	SUFFIX
IF RECORD FILED PREVIOUSLY, UNDER WHAT NAME				
PLACE OF BIRTH	CITY		COUNTRY	SEX
DATE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	AGE
ADOPTIVE MOTHER'S/PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)	SUFFIX
ADOPTIVE FATHER'S/PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)	SUFFIX

Has record been filed previously? No Yes If yes, please list state where filed: _____

Fees are non-refundable

Quantity

Amount

Initial filing/amendment processing includes the issuance of one certification and fee is \$20.00	\$20.00	X	1	=	\$20.00
The first additional certification after the initial filing OR to request a Certificate of Foreign Birth already on file is \$9.00	\$9.00	X	1	=	\$
Additional copies are \$4.00 each when ordered with this request	\$4.00	X	Enter Quantity	=	\$

RUSH ORDER (Optional): \$10.00 per order. Envelope must be marked "RUSH".
(Refer to information entitled Response Time)

Yes No

TOTAL AMOUNT ENCLOSED: Check or money order payable to **Vital Statistics** in U.S. Dollars (**DO NOT SEND CASH**)
Florida Law imposes an additional service charge of \$15 for dishonored checks

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 TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	RELATIONSHIP TO REGISTRANT
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)	CITY		STATE	ZIP CODE
HOME PHONE NUMBER INCLUDING AREA CODE	WORK PHONE NUMBER INCLUDING AREA CODE		SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NUMBER	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS, PLEASE COMPLETE INFORMATION BELOW

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	

INFORMATION AND INSTRUCTIONS FOR FOREIGN BIRTH APPLICATION

PLEASE PRINT OR TYPE CLEARLY

AUTHORITY TO FILE: Section 382.017, Florida Statutes, authorizes the state registrar to file a certificate of foreign birth for an adopted child who is not a citizen of the United States and whose judgment of adoption was entered by a court of competent jurisdiction of this state.

CERTIFIED STATEMENT OF FINAL DECREE OF ADOPTION completed and certified by the court of jurisdiction should accompany this application. If the adoption was granted in the child's country of birth, it will be necessary that it be domesticated or recognized in a Florida court.

RELATIONSHIP TO REGISTRANT: If applicant is self or parent acting pro se (representing self) then the applicant must provide valid photo identification. If a guardian, a certified copy of the guardianship order must be included with valid photo identification. If legal representative, your attorney Bar ID number and the name of whom you represent and their relationship to the registrant must be included with your request. If not one of the above persons, you will need to complete and have notarized an Affidavit to Release a Birth Certificate, DH Form 1958, or submit a court order authorizing release and submit with this Application for Certificate of Foreign Birth, DH Form 1178. A release form is available from this office, most local vital statistics offices within the county health department or our website. Website address located at bottom of this form.

RESPONSE TIME: Response time for processing varies depending upon our workload at the time your request is received. Generally, a filing is completed within two to three weeks. RUSH processing is available for those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other work; however, no certificate shall be filed until applicable fees paid and all requirements as established by law or in rules of the department have been met.

NONREFUNDABLE: The amendment-processing fee is nonrefundable, even if the amendment cannot be completed. In addition, it can only be applied to this case and cannot be credited or transferred to another case.

APPLICATION FORM: Please note for additional copies of the Foreign Birth Certificate after initial filing, complete the Application for Florida Birth Record DH Form 726.

MAIL THIS APPLICATION WITH PAYMENT TO:

DEPARTMENT OF HEALTH

OFFICE OF VITAL STATISTICS

ATTN: ADOPTION 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