



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

CERTIFIED STATEMENT OF FINAL ORDER OF AFFIRMATION OF PARENTAL STATUS

(Important - Read Information and Instructions on page 2 before completing)

A. INFORMATION REGARDING ORIGINAL STATUS OF CHILD

Original Name of Child: _____

Sex: _____ State File Number (if known): **109** _____

Date of Birth: _____ Place of Birth: _____
City County State

Father's/Parent's name prior to first marriage (if applicable): _____ Race: _____
First Middle Last Suffix

Mother's/ Parent's name prior to first marriage (if applicable): _____ Race: _____
First Middle Last Suffix

B. INFORMATION FOR A NEW CERTIFICATE OF BIRTH

Child's Name: _____

First Middle Last Suffix
FATHER / PARENT

Name: _____ Name: _____
First Middle Last Suffix First Middle Last Suffix

Name prior to first marriage: _____ Name prior to first marriage: _____
(if applicable) (if applicable)

Date of Birth: _____ Date of Birth: _____

Birth Place: _____ Birth Place: _____

Race: _____ Social Security Number: _____ Race: _____ Social Security Number: _____

Residence Address of Parent(s): _____

Street and Number, Apt. No. City, Town, or Location County State Inside City Limits? Zip Code

Mailing Address: _____

(If same as residence, enter Zip Code only)

Legal Representative or Attorney:

Name: _____ Telephone Number: _____
(Type)

Address: _____

Signature: _____ Date: _____

C. CERTIFICATE OF CLERK OF CIRCUIT COURT

Court Docket No. _____

On the _____ day of _____, 20_____, The Circuit Court of _____ County, Judge _____ presiding, issued a Final Order of Affirmation of Parental Status ordering the Department of Health to issue a new birth certificate naming the commissioning couple identified in Section B above as the legal parent(s) of the child identified in Section B above and requiring the Department to seal the original birth certificate.

Signed and sealed by _____ Date _____

INSTRUCTIONS

Please type using black ink

(Prompt submission of this statement, when properly completed, will ensure the timely filing of a new birth certificate.)

The Department of Health is required and authorized to collect Social Security Numbers for the reporting and registration of birth and death records as provided in section 382.0135, Florida Statutes.

Pursuant to section 742.16(8), Florida Statutes, within 30 days after entry of the order, the clerk of the court shall prepare a certified statement of the order for the state registrar of vital statistics

Please provide all information so that the certificate prepared will be complete.

If the fee is accompanying this statement, please **DO NOT** send cash. Please send a check or money order made payable to Office of Vital Statistics. DH Form 429, Application for Amendment to Florida Birth Record, should be used when remitting the fee.

If the fee is not remitted, a new record will be filed and a notice will be sent to the attorney or parents advising of the filing and of the amendment-processing fee due.

MAIL THIS FORM AND APPLICATION (DH 429) 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