



State of Florida
Department of Health
Bureau of Vital Statistics

PETITION FOR TERMINATION OF PARENTAL RIGHTS

In accordance with chapter 63.054(1), Florida Statutes

(TYPE OR PRINT INFORMATION)

INFORMATION BELOW FOR USE BY VITAL STATISTICS

STATE OF FLORIDA

COUNTY: _____ DOCKET OR FILE NUMBER: _____

NAME OF PERSONS WHOSE RIGHTS ARE SOUGHT TO BE TERMINATED:

DATE AND TIME PETITION FILED: _____

INFORMATION AS IT APPEARS ON FLORIDA BIRTH RECORD

CHILD'S FULL NAME: (As appears on Birth Certificate *First, Middle, Last, Suffix*):

DATE OF BIRTH (mm/dd/yyyy): _____

BIRTHPLACE (*City/County*): _____

MOTHER'S / PARENT'S NAME PRIOR TO FIRST MARRIAGE (if applicable):

First *Middle* *Last* *Suffix*

FATHER'S / PARENT'S OR ALLEGED NAME PRIOR TO FIRST MARRIAGE (if applicable):

First *Middle* *Last* *Suffix*

SIGNED AND SEALED BY: _____

Signature of Clerk of Court

Date Signed