



## Application for Florida Birth Record

Escambia County Health Department  
 1295 W. Fairfield Drive  
 Pensacola, Florida 32501  
 (850) 595-6531

**Requirement for ordering:** If applicant is self, parent, guardian, or legal representative, then the applicant **must** complete this application and provide **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 along with photo identification. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

**TYPE OR PRINT**

(REGISTRANT'S) FULL NAME AT BIRTH	FIRST	MIDDLE	LAST	SUFFIX		
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST	MIDDLE	LAST	SUFFIX		
PLACE OF BIRTH IN FLORIDA	HOSPITAL	CITY	COUNTY (REQUIRED)	BIRTH FILE NUMBER (IF KNOWN)		
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGITS)	IF YEAR IS NOT KNOWN, ENTER RANGE OF YEARS TO BE SEARCHED IN NEXT BOX	AGE	SEX
MOTHER'S MAIDEN NAME (NAME BEFORE MARRIAGE)	FIRST	MIDDLE	LAST	SUFFIX		
FATHER'S NAME	FIRST	MIDDLE	LAST	SUFFIX		

**IMPORTANT: Read the entire application before completing**

To obtain and use a Florida birth record under false or fraudulent purpose is a third-degree felony punishable by the terms and conditions set forth in Florida Statutes.

PC	DESCRIPTION	COST	AMOUNT
80	THE \$11.00 FEE ENTITLES THE APPLICANT TO ONE COMPUTER CERTIFICATION OF A REGISTERED BIRTH.	\$11.00	\$ _____
80	ADDITIONAL COPIES OF THE SAME TYPE	\$10.00	\$ _____
80	SEARCH FEE	_____	TOTAL \$ _____

Applicant's Name	FIRST	MIDDLE	LAST	SUFFIX
Relationship to Registrant	<b>SIGNATURE OF APPLICANT</b>			
Home Phone Number ( )	RESIDENCE STREET ADDRESS (AND APARTMENT)			
Work Phone Number ( )	CITY	STATE	ZIP CODE	

**REMEMBER TO INCLUDE** a copy of your valid photo identification along with this completed application. Make check or money order payable to the Escambia County Health Department.

**For office use only**

ID	REC #	CASH / CHECK / MO #	AC #	FILE #
----	-------	---------------------	------	--------

**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 which are:

- A certification of a registered birth (2004 to present), supplies the following facts of birth: Childs Name, Date of Birth, Sex, Time, Weight, Place of Birth (City, County and Location) and Parents Information.
- A certification of a registered birth (1930 to 2003), supplies the following facts of birth: Childs Name, Date of Birth, Sex, County of Birth and Parents Name.

**PHOTOCOPY:** A photocopy is a certificate of the registered birth on file. Photocopies of birth certificates are certified documents.

**AVAILABILITY:** Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865. Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in this manner. For a record under seal, write to

STATE OFFICE OF VITAL STATISTICS  
ATTN: Records Amendment Section  
P.O. BOX 210  
Jacksonville, FL 32231-0042

**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 100 years ago.

**REQUIREMENT FOR ORDERING:** If applicant is self, parent, legal guardian or legal representative, then the applicant must provide a completed application along with a copy of a 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, 2/03) submitted with your application for the birth record along with a copy of a 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.

**TIME OF BIRTH:** This item was not collected on the birth events between 1949 – 1969.

**PLEASE VISIT THE STATE OFFICE OF VITAL STATISTICS WEBSITE**

[http://www.doh.state.fl.us/planning\\_eval/vital\\_statistics/index.html](http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html)