**APPLICATION FOR FLORIDA BIRTH RECORD**

**FLORIDA DEPARTMENT OF HEALTH OF GLADES COUNTY**

1021 Health Park Drive  
Moore Haven, FL 33447

(863) 946-0707 EXT. 201

HOURS 8 AM - 4 PM

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**Requirement for ordering:** If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide valid photo identification; if a mail request, a copy of the valid photo identification, front & back, must be provided. **Acceptable forms of identification are:** Driver’s License, State Identification Card, Passport, and/or Military Identification Card. 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.

| 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) | SEX |
| PLACE OF BIRTH | HOSPITAL | CITY OR TOWN | COUNTY |
| MOTHER’S MAIDEN NAME | FIRST | MIDDLE | LAST | SUFFIX |
| FATHER’S NAME | FIRST | MIDDLE | LAST | SUFFIX |

**APPLICANT (adult requesting certificate) 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 | FIRST | MIDDLE | LAST (INCLUDING ANY SUFFIX) |
| Mailing Address (include Apt. No., if applicable) | CITY | STATE | ZIP CODE |
| Home Phone Number | RELATIONSHIP TO REGISTRANT | SIGNATURE OF APPLICANT |
| Work Phone Number | | |
| If Attorney, Provide Bar/Professional License No. | IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT |

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

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

A BIRTH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON-REFUNDABLE SEARCH FEE OF $10.00

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<tr>
<td>The $10.00 fee entitles the applicant to one certification of a register birth (1925 to present).</td>
<td>$12.00 = $</td>
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Additional copies of the same certification ordered above are $6.00 each, when ordered with this request

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Check or money order payable to **Glades County Health Department** in U.S. Dollar *(DO NOT SEND CASH)*

Florida Law imposes an additional service charge of $25 for dishonored checks

Remember to include a copy of your photo identification along with this completed application.

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DH 1960, 06/13 Obsoletes Previous Editions
INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

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:

1. A certification of a registered birth (2004 to present), supplies the following facts of birth: Child's Name, Date of Birth, Sex, Time, Weight, Place of Birth (City, County and Location) and Parents' Information.

2. A certification of a registered birth (1930 to 2003), supplies the following facts of birth: Child's Name, Date of Birth, Sex, County of Birth and Parents' Name.

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.

BIRTH RECORDS UNDER SEAL: Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in the usual manner. For a record under seal, write to:

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

REQUIREMENT FOR ORDERING: If applicant is self, parent, legal guardian or legal representative, the applicant must provide a completed application along with valid photo identification, if a mail request, a copy of the valid photo identification must be provided. If legal guardian, a copy of the appointment orders must be included with the request. If legal representative, the attorney bar number, and a notation of whom the attorney represents and that person's 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 1958, 2/03) submitted with your application for the birth record along with a copy of the registrant's valid photo identification as well as the applicant's 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.

INTERNAL USE ONLY

Security Paper #

Receipt Number_____________________________

Type of ID _________________________________

DATE OF APPLICATION:_______________________

PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE
Floridavitalstatisticsonline.com

DH 1960, 06/13 64V-1.0131, Florida Administrative Code (Obsoletes Previous Editions)