



APPLICATION FOR A FLORIDA BIRTH RECORD



(For Miami-Dade County Health Department Use Only)

LOCATIONS:	VITAL RECORDS UNIT 18255 Homestead Avenue Miami, Florida 33157 Tel. # 305-278-1046	VITAL RECORDS UNIT 18680 NW 67 th Avenue Miami, Florida 33015 Tel. # 305-628-7227	VITAL RECORDS UNIT 1350 NW 14 th Street, #3 Miami, Florida 33125 Tel. # 305-324-2489
HOURS:	8:00 AM to 4:30 PM	9:00 AM to 5:30 PM	8:00 AM to 4:00 PM
APPLICANTS:	WALK-IN APPLICANTS ONLY	WALK-IN APPLICANTS ONLY	WALK-IN AND MAIL APPLICANTS

REGISTRANT'S (CHILD'S) INFORMATION

FULL NAME AT BIRTH (Registrant)	FIRST	MIDDLE	LAST (Include Suffix)	Sex			
If your information has changed since birth, please write in those changes	FIRST	MIDDLE	LAST (Include Suffix)	Sex			
PLACE OF BIRTH FLORIDA**	HOSPITAL	COUNTY (REQUIRED)	CITY	DATE OF BIRTH	MONTH	DAY	YEAR (4 DIGITS)
	MOTHER'S MAIDEN NAME (Name before marriage)		FIRST	MIDDLE	LAST (MAIDEN)		SUFFIX
FATHER'S NAME	FIRST	MIDDLE	LAST		SUFFIX		

IMPORTANT: Read the entire application form before completing. To obtain and use a Florida birth record under false pretenses or for fraudulent purposes is a third-degree felony punishable by the terms and conditions set forth in Florida Statutes.

**TYPE OR PRINT
ALL SECTIONS**

**NO PERSONAL
CHECKS
ACCEPTED**

FEE/ORDERING INFORMATION*	Fee	X	Number of Copies	=	Amount Due
The fee for one certified copy of a Florida birth record is \$20.00 per application.	\$20.00	X	1	=	\$ 20.00
When purchased at the same time, additional copies of the identical birth record are \$16.00 each.	\$16.00	X		=	\$
RUSH ORDERS (Optional): \$10.00 per order. This option provides quick processing within the Office of Vital Records only. Please note, this option does not include overnight delivery.		<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
TOTAL AMOUNT ENCLOSED: Certified checks or Money Orders only payable to Vital Records in US dollars. (PLEASE DO NOT SEND CASH). Mail completed applications to: Vital Records Unit, 1350 NW 14 th Street #3, Miami, FL 33125. For credit card orders, please telephone 1-866-830-1906 or apply via the internet at www.miamivitalrecords.com .					\$

APPLICANT INFORMATION

Applicant's Name	FIRST	MIDDLE	LAST	SUFFIX
STATE RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT			
HOME PHONE NUMBER ()	MAILING ADDRESS			
WORK PHONE NUMBER ()	CITY		STATE	ZIP CODE

*To obtain a certified copy of a birth record, you must provide photo identification such as a valid driver's license, state identification card, passport or military identification card.

** If you need a record for a birth that occurred in a state other than Florida, please contact the Office of Vital Records in that state. You can find the contact information for all state offices of vital records on the internet at:

<http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm> .

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

AVAILABILITY: Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865 in the State Office of Vital Statistics. Birth records are available through the Miami-Dade County Health Department back to 1930. Birth records under seal by reason of adoption, paternity determination or court order **cannot** be ordered in this manner. For records dated before 1930 or for a record under seal, address your request to:

Vital Statistics
P.O. Box 210
Jacksonville, FL 32231-0042

ELIGIBILITY: Birth certificates can be issued only to: 1) the registrant (the child named on the record) if of legal age (18), 2) parent, 3) guardian, or 4) a legal representative of one of these persons or 5) by 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, guardian or legal representative then the applicant must provide a completed application along with photo identification (ID). If guardian, a copy of appointment orders must be included. If legal representative, your attorney ID 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 and that you are requesting for official purposes.

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 your 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).

PHOTOCOPY: A photocopy is a picture of the certificate completed by the hospital or by the attendant at the birth. Photocopies of birth certificates are certified documents.

RACE/ORIGIN: After 1969 the race or origin of the parents was moved from the legal section to the medical section of the birth certificate. If parents' race or origin is required, when ordering a photocopy write on the front of this form "book copy with medical included".

TIME OF BIRTH: This item was not included on the birth format used for recording birth events between 1949 and 1969. Therefore, time of birth is not stated on birth records during those years. If you are requesting a record for a birth that occurred prior to 1949 or after 1969, and if the item was completed on the birth record, then it would be available on a photocopy of the birth event.

APPLICANT'S SIGNATURE: This is required, as well as his/her printed name, residence address and telephone number.

MAIL THIS APPLICATION WITH YOUR PAYMENT TO:

**MIAMI-DADE COUNTY HEALTH DEPARTMENT
VITAL RECORDS UNIT
1350 NW 14th STREET, #3
MIAMI, FL 33125**