## APPLICATION FOR FLORIDA BIRTH RECORD

(For Tax Collector Office Use Only)

John M. Drew, CFC Nassau County Tax Collector

86130 License Road Fernandina Beach, FL 32034

**Requirement for ordering:** Applicant (self or parent) must complete this application and provide valid photo identification. **Acceptable forms of identification** are: **Driver’s License, State Identification Card, Passport**, and/or **Military Identification Card**.

**SECTION A: REGISTRANT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 / PARENT’S NAME | FIRST | MIDDLE | LAST NAME PRIOR TO FIRST MARRIAGE(if applicable) | SUFFIX |
| FATHER’S / PARENT'S NAME | FIRST | MIDDLE | LAST NAME PRIOR TO FIRST MARRIAGE(if applicable) | SUFFIX |
|  |
| **SECTION B: 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 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**TYPE OR PRINT** | FIRST | MIDDLE | LAST (INCLUDING ANY SUFFIX) |
| MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE) | CITY | STATE | ZIP CODE |
| HOME PHONE NUMBER**( )**WORK PHONE NUMBER**( )** | RELATIONSHIP TO REGISTRANT | SIGNATURE OF APPLICANT |
| **SECTION C: ORDER & FEE INFORMATION** |
| Number of Florida Birth Certifications Ordered @ $21.25 Additional Copies ordered at same time @ $15.00 Cash, Cashier's Check, Money Order or Credit/Debit Card (convenience fees apply) | eacheachTOTAL | **COST** |  |
| ***For Office Use Only:***Date: Audit Control # (Bottom Left):  |

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.

**AVAILABILITY:** Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865.

**ELIGIBILITY:** Birth certificates can be issued to:

* 1. Registrant (the child named on the record) if of legal age (18)
	2. Parent(s) listed on the Birth Record

*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 more than 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:** Applicant (self or parent) must provide valid photo identification. Acceptable forms of identification are the following: **Driver’s License, State Identification Card, Passport** and/or **Military Identification Card.**

**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.

**FEES ARE NONREFUNDABLE:** Fees are nonrefundable, except fees paid for additional copies when no record is found. These are refunded on written request.

**APPLICANT’S SIGNATURE:** Is required, as well as his/her printed name, residence address and telephone number.

**COUNTY HEALTH DEPARTMENT NAME & ADDRESS**

Florida Department of Health in Nassau County Office of Vital Statistics

1620 Nectarine Street Fernandina Beach, FL 32034 **Phone:** (904) 875-6100, option 2

**FAX:** (904) 428-5632

**Office Hours:** Monday through Friday 8 a.m. to 4 p.m.

## PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE

[www.FloridaVitalStatisticsOnline.com](http://www.FloridaVitalStatisticsOnline.com/)