



APPLICATION FOR FLORIDA BIRTH RECORD  
 PINELLAS COUNTY HEALTH DEPARTMENT  
 OFFICE OF VITAL STATISTICS

8751 ULMERTON ROAD  
 LARGO, FLORIDA 33771

TELEPHONE: (727) 507-4330

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HOURS: MONDAY - FRIDAY/ 8 AM - 5 PM

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

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 (Name before marriage)	FIRST			MIDDLE	LAST	SUFFIX
FATHER'S NAME	FIRST			MIDDLE	LAST	SUFFIX

**IMPORTANT: Bottom section must be completed by the applicant (person applying).**

A BIRTH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A **NON-REFUNDABLE** SEARCH FEE OF:

	Quantity	Price	Amount
<b>Computer</b> record of a registered birth (1917 to present) for ALL Florida Birth Records	1 X	\$13.00	
<b>Each Additional Computer</b> record	___ X	\$8.00	
<b>Protective Plastic Sleeve</b>	___ X	\$4.00	
<b>Rush Orders</b> will be processed within 3 business days (PLEASE NOTE: All faxed orders will be charged this initial fee)		\$5.00/order	
<b>Overnight Orders</b> will be mailed when order is complete		\$15.00	
		<b>TOTAL</b>	
<b>Credit Card Payment:</b> Visa ___ M/C ___ Discover ___ #			<b>Exp Date:</b>
<b>Credit Card Billing Address:</b>			

**APPLICANT (PERSON APPLYING) NAME/DELIVERY (MAILING) 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 (Person Applying) TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
DELIVERY (MAILING) ADDRESS (INCLUDE APT. NO., IF APPLICABLE)	CITY		STATE	ZIP CODE
HOME PHONE NUMBER	RELATIONSHIP TO REGISTRANT (CHILD)		SIGNATURE OF APPLICANT (PERSON APPLYING)	
WORK PHONE NUMBER				
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT (CHILD)			

**Attention Applicant (Person Applying)**

**Did you complete the bottom section of the application (including signature)?**

**Did you include a copy of your valid ID (Driver's License, Passport)?**

**Did you include a check/money order (payable to Vital Statistics) or credit card information for the correct fee?**

# 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 which are:

- A certification of a registered birth (2005 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.
- A certification of a registered birth (1917 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. 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 Bureau 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 (child), 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 (person applying) is self, parent, legal guardian or legal representative, then the applicant (person applying) 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 (person applying) 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, 5/10) 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 (mailing) address and telephone number.

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

**PLEASE VISIT THE PINELLAS COUNTY VITAL STATISTICS WEBSITE TO ORDER ONLINE**

[http://www.pinellashealth.com/BirthDeath\\_Certificates.asp](http://www.pinellashealth.com/BirthDeath_Certificates.asp)

Log onto website and click on VitalChek link. Additional charges will apply for this service.

**PLEASE VISIT THE BUREAU 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)