



**APPLICATION FOR FLORIDA BIRTH RECORD**  
**FLORIDA DEPARTMENT OF HEALTH IN MARION COUNTY**

1801 SE 32nd Ave.  
 Ocala, FL 34471  
 352-629-0137

HOURS: Monday through Friday 8 a.m. to 4:30 p.m.

**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	RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT		
WORK PHONE NUMBER )				

**SECTION C: ORDER & FEE INFORMATION**

					<u>COST</u>
Number of Florida Birth Certifications Ordered	_____	@	_____	\$13.00	each _____
Additional copies ordered at same time	_____	@	_____	\$7.00	each _____
Mailing Fee (Required if mailing)	_____	@	_____	\$10.00	each _____
Protective Plastic Sleeve (optional)	_____	@	_____	\$3.00	each _____
					Total _____

**For Office Use Only:**

Date: \_\_\_\_\_

Type of ID: \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_ EXP DATE \_\_\_\_\_

Audit Control # \_\_\_\_\_

Payment Method: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card # (last 4 digits) \_\_\_\_\_ Cashier Initials \_\_\_\_\_

## 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

Department of Health in Marion County  
1801 SE 32nd Ave.  
Ocala, FL 34471

**PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE**

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