



State of Florida
Department of Health – Office of Vital Statistics
APPLICATION FOR FLORIDA DELAYED CERTIFICATE OF BIRTH

IMPORTANT: Read AND complete the back of this application form before mailing.

Applicant requirement for ordering: If you are an eligible applicant, complete and sign this application, state your relationship to registrant and provide photo identification. If you are an attorney representing an eligible person, you need only sign, provide professional license or bar number, indicate name of person whom you represent and their relationship to the registrant in the Applicant Name/Delivery Information Section below. If applicant is not an eligible person, an Affidavit to Release a Birth Certificate, DH Form 1958, must be completed and signed by an eligible person before a notarizing official and submitted in addition to this application form. Acceptable forms of photo identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card. The affidavit to release is available from this office, most local vital statistics offices located within the county health department or our website. Website address is located on the reverse side of this form.

TYPE OR PRINT

REGISTRANT'S FULL NAME AT BIRTH	FIRST	MIDDLE	LAST	SUFFIX
OTHER NAMES KNOWN AS (OTHER THAN MARRIED SURNAME)	FIRST	MIDDLE	LAST	SUFFIX
PLACE OF BIRTH	HOSPITAL		CITY OR TOWN	COUNTY
	FLORIDA			
DATE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	AGE
				SEX
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	
PARENTS' PLACE AND DATE OF BIRTH	FATHER'S / PARENT'S STATE OR COUNTRY OF BIRTH		FATHER'S / PARENT'S BIRTH DATE	MOTHER'S / PARENT'S STATE OR COUNTRY OF BIRTH
				MOTHER'S / PARENT'S BIRTH DATE
PARENTS' DATE AND PLACE OF MARRIAGE (See information on back of this form)	DATE OF MARRIAGE		PLACE OF MARRIAGE	

AFFIDAVIT

AFFIDAVIT (SEE REVERSE)	I HEREBY DECLARE UNDER OATH THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	SIGNATURE OF REGISTRANT OR PARENT		
NOTARY	STATE OF _____	SUBSCRIBED AND SWORN TO BEFORE ME ON _____	PERSONALLY KNOWN ____ OR PRODUCED IDENTIFICATION _____	
	COUNTY OF _____	(MONTH/DAY/YEAR)	TYPE OF IDENTIFICATION PRODUCED _____	
	SIGNATURE OF NOTARY _____		NOTARY STAMP _____	
	PRINTED NAME OF NOTARY _____			

Fees are non-refundable

Quantity

Amount

A \$20.00 processing fee includes the issuance of one certification	1	=	\$20.00
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Additional copies are \$4.00 each when ordered with this request	\$4.00	X	Enter Quantity	=	\$
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RUSH ORDERS (Optional): \$10.00 per order. Envelope must be marked "RUSH". Yes No \$

(Refer to information entitled Response Time)

TOTAL AMOUNT ENCLOSED: Check or money order payable to **Vital Statistics** in U.S. Dollars (**DO NOT SEND CASH**) \$

Florida Law imposes an additional service charge of \$15 for dishonored checks

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 NAME/DELIVERY INFORMATION

<i>Applicant's Name</i> TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	RELATIONSHIP TO REGISTRANT
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)	CITY		STATE	ZIP CODE
HOME PHONE NUMBER INCLUDING AREA CODE	WORK PHONE NUMBER INCLUDING AREA CODE		SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NUMBER	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			
IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.				
<i>SHIP TO NAME</i> TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER	CITY	STATE	ZIP CODE	

APPLICATION FOR FLORIDA DELAYED CERTIFICATE OF BIRTH

A Delayed Birth Record cannot be filed for a deceased person except by court order pursuant to section 382.0195, Florida Statutes

PARENT'S MARITAL STATUS: Name of father/parent can only be listed on the Delayed Certificate of Birth if parents were legally married at the time of the registrant's birth.

AFFIDAVIT: This Affidavit must be signed on the reverse side by a parent or guardian for a registrant under the age of 18. A registrant 18 years or older, or if disability of nonage has been removed and the registrant provides proof of such removal, must sign the Affidavit. The person signing and attesting to the facts stated must sign before a notarizing official.

RESPONSE TIME: Response time for processing varies depending on our workload at the time your request is received. Once all requirements have been met, the certificate is usually filed and certifications issued within two weeks. For those who need assurance of faster service, RUSH service is available. Orders received with envelope marked RUSH and with the \$10 RUSH fee will be given priority over other pending work; however, no certificate can be filed until all required evidence, applicable fees, and a properly signed and executed Application for Florida Delayed Certificate of Birth have been received. If a RUSH fee was paid at the time of the initial search and you provide proof of such search, your application will automatically be placed in RUSH status.

SUBMIT: Enclose this completed application form and the required processing fee of \$20.00 together with documentation supporting facts of birth. Refer to the brochure "Instructions To Applicants for Filing a Delayed Certificate of Birth" that was provided to you at the time of your initial search for requirements and suggested sources of documentary evidence for filing a delayed birth record.

In order to assist the Office of Vital Statistics in establishing a birth record for the registrant named on this form, complete as much of the information below as possible. This information will be used to search other Florida vital records that may be used in support of the filing.

PROVIDE MARRIAGE INFORMATION

NAME OF FIRST SPOUSE	FIRST	MIDDLE	LAST	SUFFIX	
DATE AND PLACE OF MARRIAGE	MONTH	DAY	YEAR (4 DIGIT)	CITY OR TOWN	STATE/PROVINCE OR COUNTRY
NAME OF SECOND SPOUSE (IF APPLICABLE)	FIRST	MIDDLE	LAST	SUFFIX	
DATE AND PLACE OF MARRIAGE	MONTH	DAY	YEAR (4 DIGIT)	CITY OR TOWN	STATE/PROVINCE OR COUNTRY

PROVIDE LIST OF ALL CHILDREN BORN TO REGISTRANT

FIRST CHILD – NAME	FIRST	MIDDLE	LAST	SEX	
DATE AND PLACE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	CITY OR TOWN	STATE/PROVINCE OR COUNTRY
SECOND CHILD – NAME	FIRST	MIDDLE	LAST	SEX	
DATE AND PLACE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	CITY OR TOWN	STATE/PROVINCE OR COUNTRY
THIRD CHILD – NAME	FIRST	MIDDLE	LAST	SEX	
DATE AND PLACE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	CITY OR TOWN	STATE/PROVINCE OR COUNTRY
FOURTH CHILD – NAME	FIRST	MIDDLE	LAST	SEX	
DATE AND PLACE OF BIRTH	MONTH	DAY	YEAR (4 DIGIT)	CITY OR TOWN	STATE/PROVINCE OR COUNTRY

Provide a complete list of all children born to the registrant's mother (registrant's brothers and sisters). If dates of birth are unknown, list the children in the order in which they were born (first to last). Providing this information may assist us in locating these birth records which may contain information not included in your request for a search that may in turn help us locate a birth record for you.

Sibling's Full Name at Birth

Date of Birth

City or County and State of Birth

Use additional sheet if needed.

MAIL THIS APPLICATION WITH PAYMENT TO:

**DEPARTMENT OF HEALTH
 OFFICE OF VITAL STATISTICS
 ATTN: DELAYED BIRTH UNIT
 P.O. BOX 210,
 Jacksonville, FL 32231-0042**
 (Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

PLEASE VISIT OUR WEBSITE:

www.FloridaVitalStatisticsOnline.com