



APPLICATION FOR FLORIDA BIRTH RECORD
(For Tax Collector Office Use Only)



Larry H. Ray
Collier County Tax Collector
3291 East Tamiami Trail
Naples, Florida 34112

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 | _____ | @ | _____ \$12.00 | each _____ |
| Additional copies ordered at same time (if applicable & if cost is different from 1st copy) | _____ | @ | _____ \$8.00 | each _____ |
| Tax Collector Service Charge | _____ 1 | @ | _____ \$3.00 | _____ \$3.00 |
| Credit card fee (if applicable) | | | _____ \$2.50 | per credit card transaction _____ |

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.

FLORIDA DEPARTMENT OF HEALTH
COLLIER COUNTY
3339 Tamiami Trail East
Suite 145 Bldg H
Naples, FL 34112

PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE

www.FloridaVitalStatisticsOnline.com