

APPLICATION FOR FLORIDA BIRTH RECORD

(For Tax Collector Office Use Only)

Mike Fasano, PASCO County Tax Collector

Central Pasco Government Center

4135 Land O' Lakes Boulevard (Highway 41), Land O' Lakes, FL 34639

Telephone (813) 235-6020

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**.

		SEC	TION A: REG	SISTRANT IN	IFORMATIC	DN .			
CHILD'S FULL NAME AS	FIRST			MIDDLE			LAST		SUFFIX
SHOWN ON BIRTH RECORD									
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST			MID	MIDDLE		LAST SUF		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		MID	DLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)			SUFFIX
FATHER'S / PARENT'S NAME		FIRST		MID	DLE	LAST NAME	PRIOR TO FIRST MARRIAGE (if applicable)		SUFFIX
	SECTIO		ICANT (adul	t roquesting	. cortificato				
Any person who willfully an			-			•		382, Florida St	atutes, or
on any application, or who	obtains confid	degree, puni	ation from any shable as prov	ided in Chapte	er 775, Florida	Statutes.			the third
Applicant's Name TYPE OR PRINT		FIRST		MID	DLE	L	AST (INCLUDING	ANY SUFFIX)	
MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)					CITY		STATE	STATE ZIP CODE	
HOME PHONE NUMBER RELATIONSHIP TO REG				STRANT		SIGNAT	URE OF APPLIC	ANT	
() WORK PHONE NUMBER ()									
SECTION C: ORDER & FEE INFORMATION									
<u>COST</u>									
Number of Florida Birth Certifications Ordered 1				@	\$12.00	each \$12.00			
Additional copies ordered at same time (if applicable & if cost is different from 1st copy)				@	\$8.00	each			
An additional \$6.25 surchar	ge may be add	ed to the fee	J	DLLECTOR	FEE]			
vital statistics office. The	addition of th	nis surcharg	e may or may	/ not be asse	essed	Surcharge:		\$6.25	
for this tax collector's office Total:									
For Office Use Only:									
Date:									
Audit Control # (Botton	n Left):								

DH 1960TC, 04/2016, Florida Administrative Code Rule 64V-1.0131 (Obsoletes Previous Editions)

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

<u>COMPUTER CERTIFICATION</u>: 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

<u>REQUIREMENT FOR ORDERING</u>: Applicant (self or parent) must provide valid photo identification. Acceptable forms of identification are the following: <u>Driver's License</u>, <u>State Identification Card</u>, <u>Passport</u> and/or <u>Military Identification</u> <u>Card</u>.

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 <u>request.</u>

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 PASCO COUNTY

13941 15th Street, Suite #212 Dade City, FL 33525 (352)521-1450, Menu Option 6 FAX (352) 521-1386 10841 Little Road, Bldg. B New Port Richey, FL 34654 (727) 861-5250, Menu Option 6 FAX (727) 861-4815

PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE

www.FloridaVitalStatisticsOnline.com