APPLICATION FOR FLORIDA BIRTH RECORD

FLORIDA DEPARTMENT OF HEALTH IN BAY COUNTY

VITAL STATIISTICS
597 W. 11TH ST
PANAMA CITY, FLORIDA 32401
850-872-4455

Read the FRONT AND BACK of this application: Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide valid photo identification, if a mail request, a copy of the valid photo identification must be provided. If applicant 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.**

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 MAIDEN NAME	FIRST		MIDDLE	LAST	SUFFIX
FATHER'S NAME	FIRST		MIDDLE	LAST	SUFFIX

IMPORTANT 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.

SECTION B: APPLICANT (adult requesting certificate) INFORMATION

Applicant's Name TYPE OR PRINT	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)		SIGNATURE OF APPLICANT
HOME PHONE NUMBER ( )	MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)		RELATIONSHIP TO REGISTRANT
ALTERNATE PHONE NUMBER ( )	CITY	STATE	ZIP CODE
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	LICENSE/ BAR NUMBER	NAME OF PERSON REPRESENTED	and THEIR RELATIONSHIP TO REGISTRANT

SECTION C: COUNTY HEALTH DEPARTMENT FEE INFORMATION

IF ORDERING BY MAIL, YOU MUST SEND THE FEE BY MONEY ORDER OR CASHIER'S CHECK

A FEE OF $12.00 ENTITLES THE APPLICANT TO ONE COMPUTER CERTIFICATION **$12.00 X 1 = $12.00**

ADDITIONAL COPIES AT THE SAME TIME ON THE SAME PERSON ARE $8.00 EACH **$8.00 X __= _____**

TOTAL ___ _____

DATE_____ INITIALS_____

SECURITY PAPER_____

RECEIPT _____