



APPLICATION FOR FLORIDA BIRTH RECORD

(For Tax Collector Office Use Only)

Mike Fasano, PASCO County Tax Collector

Gulf Harbor

4720 U.S. Highway 19, New Port Richey, FL 34652

Telephone (727) 847-8165

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	1	@	\$12.00	each \$12.00
Additional copies ordered at same time (if applicable & if cost is different from 1st copy)	_____	@	\$8.00	each _____

TAX COLLECTOR FEE

An additional \$6.25 surcharge may be added to the fee charged by the county

vital statistics office. The addition of this surcharge may or may not be assessed for this tax collector's office

Surcharge: \$6.25
Total: _____

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.

COUNTY HEALTH DEPARTMENT NAME & ADDRESS

<u>FLORIDA DEPARTMENT OF HEALTH IN PASCO COUNTY</u>

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