



**APPLICATION FOR A FLORIDA BIRTH RECORD
FLORIDA DEPARTMENT OF HEALTH IN BREVARD COUNTY**

OFFICE OF VITAL STATISTICS

2575 NORTH COURTENAY PKWY., SUITE 104

MERRITT ISLAND, FL 32953

Phone: (321) 454-7163 Fax: (321) 454-7164

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)
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
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

Driver's License Number / ID Information:

	Quantity	Cost	Total Amount
COMPUTERIZED CERTIFIED BIRTH CERTIFICATE COPY		\$12.00 per copy	
PROTECTIVE PLASTIC COVER		\$2.00 per unit	
SHIPPING & HANDLING FOR MAIL-IN REQUESTS ONLY		\$2.00 per order	
RUSH FEE FOR FAX ORDERS WITH CREDIT CARD PAYMENT ONLY		\$10.00 per order	
NEXT DAY DELIVERY (*)		\$18.00 per order	
TOTAL AMOUNT ENCLOSED			

Acceptable form of payment: Cash, Money Order, Visa, Mastercard and Debit Cards - No Personal Checks

Please do not mail cash with your mail-in requests.

Make Money Order payable to the BREVARD COUNTY HEALTH DEPARTMENT

Credit Card Authorization required for mail and fax orders

(*) Excludes weekends and holidays. Rate available only in the 48 contiguous States of the U.S.A.

Additional delivery fees may apply to U.S. Territories and other countries