



APPLICATION FOR A FLORIDA BIRTH RECORD

Seminole County Tax Collector

J.R. Kroll - Seminole County Tax Collector

<input type="checkbox"/> Casselberry: 104 Wilshire Blvd Casselberry, FL 32707	<input type="checkbox"/> Altamonte: 150 N Westmonte Dr Altamonte Springs, FL 32714	<input type="checkbox"/> Lake Mary: 845 Primera Blvd Lake Mary, FL 32746	<input type="checkbox"/> Winter Springs: 1495 E SR 434 Winter Springs, FL 32708
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THE ENTIRE APPLICATION NEEDS TO BE COMPLETED

Requirement for ordering: If applicant is self or parent must complete this application and provide valid photo identification. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

SECTION A: REGISTRANT INFORMATION

FULL NAME AS SHOWN ON BIRTH RECORD	FIRST	MIDDLE	LAST (including any suffix)	
If name was changed since birth, indicate new name	FIRST	MIDDLE	LAST (including any suffix)	
DATE OF BIRTH	MONTH / DAY / YEAR		STATE FILE NUMBER	SEX
PLACE OF BIRTH FLORIDA	HOSPITAL	CITY OR TOWN		COUNTY
MOTHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME (MAIDEN)	
FATHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST (including any suffix)	

SECTION B: APPLICANT 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.

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST
MAILING ADDRESS		CITY	ZIP
PHONE NUMBER (include area code)	RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT	
IF ATTORNEY, PROVIDE BAR / PROFESSIONAL LICENSE NO - & - PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT			

SECTION C: (FEE INFORMATION)

	Cost	Quantity	Total
Certified Copy (including processing fee)	\$21.25		
Additional Certified Copies (of same record)	\$8.00		
		Total Due:	

OFFICE USE ONLY - To be completed by the Seminole County Tax Collector Staff

DATE: _____

AUDIT CONTROL # _____

DL / ID _____ Expiration _____

APPLICANT ID # _____

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 only to:

1. Registrant (the child named on the record) if of legal age (18)
2. Parent(s) listed on the Birth Record
3. Legal guardian (must provide guardianship papers)
4. Legal representative of one of the above persons
5. Other person(s) by court order (must provide recorded or certified copy of court order)

In the case of a deceased registrant, upon receipt of the death certificate of the decedent, a certification of the birth certificate can be issued to the spouse, child, grandchild, sibling, if of legal age, or to the legal representative of any of these persons as well as to the parent.

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 over 100 years ago.

BIRTH RECORDS UNDER SEAL: Birth records under seal by reason of adoption, paternity determination or court order cannot be

BUREAU OF VITAL STATISTICS
ATTN: Records Amendment Section
P.O. BOX 210
Jacksonville, FL 32231-0042

REQUIREMENT FOR ORDERING: If applicant is self, parent, legal guardian or legal representative, the applicant must provide a completed application along with valid photo identification, if a mail request, a copy of the valid photo identification must be provided. If legal guardian, a copy of the appointment orders must be included with the request. If legal representative, the attorney bar number, and a notation of whom the attorney represents and that person's relationship to the registrant must be included with your request. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. If not one of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate (DH Form 1958, 08/2010) submitted with your application for the birth record along with a copy of the registrant's valid photo identification as well as the applicant's valid photo identification.

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. Others must identify themselves clearly as eligible (see ELIGIBILITY above).

ACCEPTABLE METHOD OF PAYMENTS: All major credit cards, cash, money order and personal checks

NONREFUNDABLE: Vital record fees are nonrefundable.

APPLICANT'S SIGNATURE: Is required, as well as his/her printed name, residence address and telephone number.

COUNTY HEALTH DEPARTMENT NAME AND ADDRESS

Office of Vital Statistics

400 West Airport Blvd
Sanford, FL 32773

Monday-Friday 8:00-4:00

407-665-3226

SeminoleVitalStatistics@FLHealth.gov