



AFFIDAVIT TO RELEASE A BIRTH CERTIFICATE

(If you are eligible to receive the birth certificate requested below, you may use *this form* to name another person to receive the birth certificate for you.)

State of: _____ County of: _____

My Name is: (print name) _____

I am eligible, by law, to receive the birth certificate requested below, because I am the: (check box)

of _____ I am the (check applicable box)

(Print Registrant's Full Name)

- _____ Child named on the birth certificate and of legal age (18).
- _____ Parent listed on the child's birth certificate.
- _____ Legal guardian of the child named on the birth certificate.
(Documentation required)
- _____ Legal representative of the child or parent named on the birth certificate.
(Documentation required)

I authorize the Department of Health, Office of Vital Statistics to issue the birth certificate of:

_____ to _____
(Print Child's Full Name) (Print Name of Person Authorized to Receive Birth Certificate)

(Required) I have attached a photocopy of my valid photo ID:

_____ type of Identification attached (If attorney, only bar number required)

NOTE: Pursuant to s. 382.026, Florida Statutes, it is a 3rd degree felony to obtain and use a Florida birth record fraudulently, punishable as set forth in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

I hereby swear or affirm the above statements are true and correct.

(Signature of person checked above)

Subscribed and sworn to before me this _____ day of _____, 20 _____ by

_____, who is: __ Personally Known by me or __ Produced
(Print Name of Authorized Individual)

_____ as identification. My Commission Expires: _____
(Type of Identification Produced)

(Signature of Notary)

(Print, Type or Stamp Name of Notary)