FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR A FLORIDA BIRTH RECORD

Miami-Dade County HEALTH DEPARTMENT

(For Miami-Dade County Health Department Use Only)

LOCATIONS:	VITAL RECORDS UNIT 1350 NW 14th Street, #101 Miami, Florida 33125 Tel. # 305-575-5030	VITAL RECORDS UNIT 18680 NW 67th Avenue Miami, Florida 33015 Tel. # 305-628-7227	VITAL RECORDS UNIT 18255 Homestead Avenue Miami, Florida 33157 Tel. # 305-278-1046
HOURS:	8:00 AM to 4:00 PM	9:00 AM to 5:30 PM	8:00 AM to 4:30 PM
APPLICANTS:	WALK-IN AND MAIL APPLICANTS	WALK-IN APPLICANTS ONLY	WALK-IN APPLICANTS ONLY

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide a copy of a **valid photo identification**. 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**.

IMPORTANT: Read the entire application before completing.

REGISTRANT'S (CHILD'S) INFORMATION

FULL NAME AT BIRTH (Registrant)	FIRST		MIDDLE	LAST				SUFFIX
If your information has changed since birth, please write in those changes	FIRST		MIDDLE	LAST				SUFFIX
PLACE OF BIRTH FLORIDA	HOSPITAL	COUNTY (REQUIRED)	CITY	DATE OF BIRTH	MONTH	DAY	YEAR (4 DIGITS)	SEX
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST		MIDDLE	LAST (MAIDEN)				SUFFIX
FATHER'S NAME	FIRST		MIDDLE	LAST				SUFFIX

PHOTO ID REQUIRED

TYPE OR PRINT ALL SECTIONS

NO PERSONAL CHECKS ACCEPTED

FEE/ORDERING INFORMATION*	Fee	X	Number of Copies	=	Amount Due
The fee for one certified copy of a Florida birth record is $20.00 per application.	$20.00	X	1	=	$ 20.00
When purchased at the same time, additional copies of the identical birth record are $16.00 each.	$16.00	X		=	$
RUSH ORDERS (Optional): $10.00 per order. This option provides quick processing within the Office of Vital Records only. **ADD A SLEEVE TO YOUR ORDER FOR $ 3.00**	☐ Yes ☐ No				$ Sleeve $
TOTAL AMOUNT ENCLOSED: Certified checks or Money Orders only payable to **Vital Records** in US dollars. (**PLEASE DO NOT SEND CASH**). Mail completed applications to: Vital Records Unit, 1350 NW 14th Street #101 Miami, FL 33125. For **credit card orders**, please telephone 1-866-830-1906 or apply via the internet at www.miamivitalrecords.com .					$

APPLICANT/DELIVERY INFORMATION

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes or 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	FIRST	MIDDLE	LAST	SUFFIX
STATE RELATIONSHIP TO REGISTRANT IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO. #	SIGNATURE OF APPLICANT REELATIONSHIP TO REGISTRANT		IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR	
HOME PHONE NUMBER ( )	MAILING ADDRESS			
ALTERNATE PHONE NUMBER ( )	CITY	STATE	ZIP CODE	