



State of Florida
 Department of Health
 Bureau of Vital Statistics
www.floridahealth.gov/certificates

APPLICATION FOR FLORIDA CERTIFICATE OF NONVIABLE BIRTH

Section A: Applicant Information (Eligibility Requirements on Reverse Side)

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on an 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: _____
 (Person requesting the record)

Mailing Address (include apt # if applicable): _____

City: _____ State: _____ ZIP Code: _____

Phone (with area code): _____ Email: _____

Relationship to Person on Record: _____ Signature: _____

Section B: Nonviable Birth Information

Name of Child: _____

Date of Occurrence: _____ County of Occurrence: _____

Mother's/Parent's Full Name: _____

Father's/Parent's Full Name: _____

A Certificate of Nonviable Birth is not proof of live birth and will be issued in accordance with Section 382.0086, Florida Statutes and may not be used for any official purpose.

Parent(s) must contact their health care practitioner to request a Certificate of Nonviable Birth be filed. Once filed, a certification of the record may be requested.

Section C: Fees

First Certification: \$9.00

Fee		Quantity	=	
\$9.00	X	1	=	
\$4.00	X		=	

Additional Certifications: \$4.00 each

Amendment Fee: \$20.00. Completed Affidavit required (see reverse side). Includes one certification and requires additional processing time.

\$20.00	X	1	=	
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Rush Order (Optional): Rush orders are given priority processing and require an additional \$10 fee. Mark the outside of your envelope "**RUSH**". Expedite shipping is NOT included.

\$10.00	X	1	=	
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Total Amount Enclosed	
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A \$9 search fee is included in all orders and is NON-REFUNDABLE. If no record is found, a certified "No Record Found" statement will be issued.

INFORMATION AND INSTRUCTIONS FOR NONVIABLE BIRTH RECORD APPLICATION

A Certificate of Nonviable Birth is not proof of live birth and will be issued in accordance with Section 382.0086, Florida Statutes.

AVAILABILITY: Parent(s) may contact their health care practitioner (a nurse or midwife) licensed pursuant to Chapter 464 or Chapter 467, Florida Statute, to request a Certificate of Nonviable Birth be filed for a spontaneous fetal demise occurring between the 10th through 19th weeks of gestation. Once filed, a certification of the record may be requested.

ELIGIBILITY: Certificates of Nonviable Birth are public record. Parentage information is confidential and only available to the parent(s) listed on the record, and valid identification is required. Acceptable forms of identification are **Driver License, State Identification Card, Passport or Military Identification Card.**

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

FEES: Check or Money Order Payable to: Vital Statistics. **DO NOT SEND CASH.** International payments should be made by Cashier's Check or Money Order in U.S. Dollars. Florida Law imposes an additional service charge of \$15.00 for dishonored checks.

NONREFUNDABLE: Vital record fees are nonrefundable, with one exception. Fees paid for additional copies when no record is found will be refunded upon written request.

OPTIONS FOR ORDERING:

MAIL IN: If requesting RUSH service, mark the outside of your envelope "RUSH." Rush orders are given priority processing. Expedite shipping is NOT included in rush fee. Records requiring an amendment require additional processing time.

WALK IN SERVICE: Visit 1217 North Pearl Street, Jacksonville, Florida, between 8:00 a.m. and 4:30 p.m. Same day service is not available for this service type.

The affidavit below is to be used only in the event the Nonviable Birth was filed without a name and the parent(s) wishes to add the name to the record. An amendment fee of \$20.00 is **REQUIRED**, which includes one copy of the corrected record. The affidavit below **MUST** be signed by the parent(s) listed in the presence of a notary public and submitted to the Bureau of Vital Statistics with the applicable fees and identification.

AFFIDAVIT OF AMENDMENT OF FLORIDA CERTIFICATE OF NONVIABLE BIRTH

FULL NAME TO BE LISTED ON NONVIABLE BIRTH RECORD		STATE FILE NUMBER	
		109 -	
DATE MONTH/DAY/YEAR	PLACE OF NONVIABLE BIRTH/CITY OR TOWN	COUNTY	STATE FLORIDA
ITEM OMITTED OR IN ERROR	RECORD SHOWS	SHOULD BE	
NAME LISTED ON NONVIABLE BIRTH			
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		STATE OF: _____ COUNTY OF: _____	
		Personally Known _____ or Produced Identification _____	
		Type Identification Produced _____	
<u>MOTHER/PARENT</u>			
SIGNATURE			
SUBSCRIBED AND SWORN BEFORE ME THIS _____ day of _____, 20_____.		COMMISSION EXPIRES: _____	
Signature of Notary _____		SEAL	
Printed Name of Notary _____			
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT		STATE OF: _____ COUNTY OF: _____	
		Personally Known _____ or Produced Identification _____	
		Type Identification Produced _____	
<u>FATHER/PARENT</u>			
SIGNATURE			
SUBSCRIBED AND SWORN BEFORE ME THIS _____ day of _____, 20_____.		COMMISSION EXPIRES: _____	
Signature of Notary _____		SEAL	
Printed Name of Notary _____			

MAIL THIS APPLICATION WITH PAYMENT AND COPY OF VALID ID (IF APPLICABLE) TO:

DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS: ATTN: VITAL RECORDS SECTION

P.O. BOX 210 JACKSONVILLE, FL 32231-0042

PLEASE VISIT OUR WEBSITE: www.floridahealth.gov/certificates