



**State of Florida**  
**Department of Health – Office of Vital Statistics**  
**APPLICATION FOR FLORIDA COMMEMORATIVE BIRTH CERTIFICATE**  
**(Available only from the State Office of Vital Statistics)**

**Requirement for ordering:** Application to be used ONLY if requesting a Commemorative Birth Certificate (also includes issuance of one computer certification.) If only computer certification or photocopy desired, use DH 726 Application for Certificate of Birth. If event is less than 100 years old and if applicant is the registrant (child named on record) of legal age; parent listed on record; legal guardian; or legal representative of any of these, then the applicant must complete this application and provide a copy of valid unexpired photo identification. If ordering as a gift: In accordance with Florida Law, if you are not an authorized person, you must provide an Affidavit to Release a Birth Certificate, DH Form 1958 completed by an authorized person, authorizing you as the named individual to obtain the commemorative certificate and you must present a copy of a valid unexpired photo identification. A photocopy of the required ID will be accepted verifying that you are, in fact, that named individual shown on the affidavit to obtain the birth certificate 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.** If event is over 100 years old, no photo ID required as birth records over 100 years old are public record and available to anyone.

**SECTION A - REGISTRANT INFORMATION**

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If known)
PLACE OF BIRTH (MUST HAVE OCCURRED IN FLORIDA)	HOSPITAL	CITY OR TOWN	COUNTY	
MOTHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)	SUFFIX
FATHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (if applicable)	SUFFIX

*Commemorative birth certificates are signed by the current Governor and State Registrar of Vital Statistics. The certificates contain calligraphy style printing, gold state seal and are suitable for framing and preserving as family heirlooms. Commemorative certificates are mailed encased in cardboard shields to ensure protection. Information on the application is requested to assist us in our search for the record. Information that is shown on a commemorative certificate is taken from the actual birth certificate not the information provided on this application.*

**SECTION B – FEES & PAYMENT**

Include a check or money order in U.S. dollars for \$34.<sup>00</sup> made payable to the "Bureau of Vital Statistics." The fee covers the search, once computer certification, one commemorative certificate and mailing 1<sup>st</sup> class mail. The computer certification will be mailed within 3-5 business days and the commemorative will follow within 4-6 weeks.

\$34. <sup>00</sup>	X	1	\$34. <sup>00</sup>
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If the birth record is not located, a No Record Found Statement of that fact is issued along with a form to request a refund for \$25.<sup>00</sup> and any additional copy fee. The \$9.<sup>00</sup> search fee is non-refundable. If for any reason we are unable to provide a commemorative certificate due to the type of record filed, the \$25.<sup>00</sup> fee will be refunded.

Additional Computer Certification, when ordered at the same time is \$4.<sup>00</sup> each

\$4. <sup>00</sup>	X		\$
\$25. <sup>00</sup>	X		\$

Additional Commemorative Certification, when ordered at the same time is \$25.<sup>00</sup> each

**TOTAL AMOUNT ENCLOSED:** 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.**

TOTAL			\$
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**Be Sure To Check Appropriate Box For Your Special Commemorative Design Selection**  
**(Larger images can be viewed at the website)**

<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<b>Palm</b>	<b>Traditional (Florida Capitol Background)</b>	<b>Beach (Small footprints/ball/bucket)</b>

**SECTION C – APPLICANT/MAILING 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 (INCLUDING ANY SUFFIX)
DELIVERY ADDRESS (INCLUDE APT. NO., IF APPLICABLE)	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT	
WORK PHONE NUMBER			
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT		

# INFORMATION AND INSTRUCTIONS FOR APPLICATION FOR FLORIDA COMMEMORATIVE BIRTH CERTIFICATE

A Commemorative Birth Certificate is signed by the current Governor and State Registrar of Vital Statistics. The certificates contain calligraphy style printing, gold state seal and are suitable for framing and preserving as family heirlooms. The commemorative certificates are mailed encased in cardboard shields to ensure protection. Information on the application is requested to assist us in our search for the record. Information that is shown on a commemorative certificate is taken from the actual birth certificate and not from the information provided on this application.

**AVAILABILITY:** Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865. Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in this manner. For a record under seal, write to ATTN: Records Amendment Section at the address below.

**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.

**REQUIREMENT FOR ORDERING:** If applicant is self, parent, legal guardian or legal representative, then the applicant must provide a completed application along with a copy of a valid photo identification. If legal guardian, a copy of the appointment orders must be included with your request. If legal representative, your attorney bar number, and a notation of whom you represent and their 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. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport** and/or **Military Identification Card**.

**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).

**FEES ARE NONREFUNDABLE:** Fees are nonrefundable, except fees paid for additional copies when no record is found. These are refunded on written request.

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

## **MAIL THIS APPLICATION WITH PAYMENT TO:**

DEPARTMENT OF HEALTH  
OFFICE OF VITAL STATISTICS  
ATTN: VITAL RECORDS SECTION  
P.O. BOX 210,  
Jacksonville, FL 32231-0042

(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

**PLEASE VISIT OUR WEBSITE:**

**[www.FloridaVitalStatisticsOnline.com](http://www.FloridaVitalStatisticsOnline.com)**