



APLICACION PARA CERTIFICADO DE NACIMIENTO
 FLORIDA DEPARTMENT OF HEALTH OF HENDRY COUTNY

1140 Pratt Blvd
 P.O. Box 70
 Labelle, FI 33975

(863)674-4056 EXT.108

Horario 8 AM - 4 PM

Requisitos para ordenar: Puede ser la misma persona, los padres, representante legal o guardian, el aplicante tiene que llenar la aplicacion y mostrar prueba de indentificacion. Formas aceptable de indentificacion son: licencia de manejar, indentificacion del Estado, passaporte, o indentificacion militar. Si el aplicante no son los padres se tiene que llenar el Affidavit para dejar sacar el certificado de nacimiento, este tiene que ser notariado.

(NINO/A) NOMBRE COMPLETO AL NACER	PRIMER NOMBRE			SEGUNDO NOMBRE	APELLIDO(S)	JR/SR
Si el nombre fue cambiado indique el nuevo nombre aqui	PRIMER NOMBRE			SEGUNDO NOMBRE	APELLIDO(S)	JR/SR
FECHA DE NACIMIENTO	MES	DIA	ANO	EDAD	SEXO	
LUGAR DE NACIMIENTO	HOSPITAL			CIUDAD	CONDADO(REQUERIDO)	
NOMBRE DE MADRE	PRIMER NOMBRE			SEGUNDO NOMBRE	APELLIDO(S)	JR/SR
NOMBRE DE PADRE	PRIMER NOMBRE			SEGUNDO NOMBRE	APELLIDO(S)	JR/SR

INFOMACION DE APLICANTE

Obtener y usar un Certificado de nacimiento de la Florida bajo falso o fraudulento proposito es un tercer grado de felonía castigado por los terminos y condiciones en los estatutos de la Florida Capitulo 775.

Nombre de aplicante	PRIMER NOMBRE			SEGUNDO NOMBRE	APEDILLO(S)	
DIRECCION DE CASA O CORREO POSTAL				CIUDAD	ESTADO	CODIGO POSTAL
NUMERO DE TELEFONO DE CASA ()	ESTABLEZCA RELACION CON EL NINO/A			FIRMA DE APLICANTE		
NUMERO DE TELEFONO DE TRABAJO ()						

RECUERDE incluir una copia de indentificacion junto con esta aplicacion mas pago.

PRIMER COPIA CERTIFICADA: _____=\$12.00

*Por favor envíe cheque of Money Order; NO EN EFFECTIVO

COPIAS ADICIONALES: _____x\$8.00

NUMERO TOTAL DE COPIAS ORDENADAS _____

USO PARA LA OFICINA SOLAMENTE

Certificate # _____

Receipt # _____

Date of Application: _____

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 ordered in the usual manner. For a record under seal, write to:

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. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport** and/or **Military Identification Card**.

If not one of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate (DH 1958, 2/03) 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).

NONREFUNDABLE: Vital record fees are nonrefundable.

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

UNIQUE COUNTY INFORMATION

PLEASE VISIT THE BUREAU OF VITAL STATISTICS WEBSITE
Floridavitalstatisticsonline.com