



AFFIDAVIT TO RELEASE BIRTH CERTIFICATION

(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 one)*

- 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 _____.
(person named on birth certificate) *(print name of person to receive birth certificate)*

(Required) I have attached a photocopy of both sides 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 before me this _____ day of _____, 20____ by _____, who is: ___ personally known to me, or, ___ who has
(print name of person checked above)
produced _____ as Identification. My Commission Expires: _____.
(type of Identification produced)

(signature of notary) *(print, type or stamp name of notary)* (SEAL)

Even if personally known by the notary, the rules of the Department of Health require the person completing this form to provide a photocopy of valid photo identification.