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 ____________________________________
   (child named on birth certificate)                               (print name of person to receive birth certificate)

(Required) I have attached a photocopy of my valid photo ID:

______________________________               (If attorney, only bar number required)

(type of Identification attached)

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