



AFFIDAVIT TO RELEASE BIRTH CERTIFICATE
ATTENTION: This form must be completed in the presence of a Notary Public

If you are entitled to the birth certificate, this form may be used to authorize another person to obtain the certificate. This form is intended for single use only and must contain original signatures. This form must be accompanied by the Application for Florida Birth Certificate form (DH 726).

My name is: I am eligible, by law,
(Eligible person completing affidavit to release)

to obtain the birth certificate for because I am the: (check one)
(Child named on birth certificate)

- Child named on the birth certificate (Must be 18 years or older)
Parent listed on the birth certificate
Legal Guardian of the child named on birth certificate (Documentation Required)
Legal Representative of an eligible person listed above (Documentation Required)

I authorize the Florida Department of Health, Bureau of Vital Statistics to issue the birth certificate of the child listed above to:

(Name of person to receive birth certificate)

A copy of a valid photo ID for both the eligible person authorizing release and the person receiving the birth certificate is required and must be attached to this form (see list on reverse side).

Pursuant to s. 382.026, Florida Statutes, any person who willfully and knowingly makes any false statement in a certificate, record, or report required by this chapter, or in an application for an amendment thereof, or in an application for a certified copy of a vital record, or who willfully and knowingly supplies false information, intending that such information be used in the preparation of any such report, record, or certificate, or amendment thereof, commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.

I hereby declare under oath that the above statements are true and correct.
(Signature of eligible person completing affidavit to release)

STATE OF FLORIDA COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this
day of, 20, by (Name of Affiant)

Signature of Notary Public

Printed Name of Notary Public
Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

Even if personally known to the notary, the rules of the Florida Department of Health require both the eligible person completing the affidavit to release and the person receiving the birth certificate to provide a copy of valid photo identification.

INFORMATION AND INSTRUCTIONS FOR AFFIDAVIT TO RELEASE BIRTH CERTIFICATE

If you need assistance, please contact our Vital Records Section at 904-359-6900 ext. 9000

If you are entitled to the birth certificate, *this form* may be used to authorize another person to obtain the certificate. This form is intended for single use only and must contain original signatures. This form must be accompanied by the Application for Florida Birth Certificate form (DH 726) completed by the applicant (person to receive birth certificate). Form DH 726 may be downloaded from our website.

ELIGIBILITY (Section 382.025, Florida Statutes): Birth certificates less than 125 years old can only be issued to:

1. Registrant (name 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 (must provide documentation)

If applicant is not one of the above, the Application for Florida Birth Certificate form (DH726) must be accompanied with a notarized Affidavit to Release a Birth Certificate form (DH 1958) signed by an eligible person listed above, along with any supporting documentation, and a copy of a valid photo identification of both, the person authorizing release and the applicant.

ACCEPTABLE FORMS OF IDENTIFICATION: Driver License, State Identification Card, Passport, Military Identification Card. A foreign issued driver license, identification card, consular card, or Matricula card require two additional forms of identification, such as a vehicle title or registration, health insurance card, employment ID, school ID, tax document, or mail with current address.

**FLORIDA DEPARTMENT OF HEALTH
BUREAU 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.floridahealth.gov/certificates