



Rick Scott
Governor

H. Frank Farmer, Jr., MD, Ph.D, FACP
State Surgeon General

BIRTH CERTIFICATE REQUEST

NAME OF
APPLICANT

APPLICANT'S
RELATIONSHIP

(Self, Mother, Father)

APPLICANT'S
ADDRESS

CITY/STATE/ZIP

FULL NAME ON
CERTIFICATE

DATE OF BIRTH

MOTHER'S MAIDEN
NAME

FATHER'S NAME

COUNTY WHERE
BIRTH OCCURRED

PAYMENT
INFORMATION:

CREDIT CARD
NUMBER

Exp. Date:

NAME ON CREDIT
CARD:

PHONE NUMBER

APPLICANT'S
SIGNATURE

NUMBER OF COPIES
REQUESTED:

METHOD OF
SHIPPING:

USPS _____

FedEx _____