Florida HEALTH
Seminole County

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:

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

DH Form 1958, August 2010 (Obsoletes previous editions)
64V-1.0131, Florida Administrative Code