



AFFIDAVIT TO RELEASE A BIRTH CERTIFICATE

ATTENTION: This form must be completed in the presence of a Notary Public

State of: _____

County Of: _____

AFFIDAVIT TO RELEASE A BIRTH CERTIFICATE

By Law, Birth certificates can be issued only to the registrant (the child named on the record) if of legal age (18) or emancipated, parent, guardian, a legal representative of one of these persons or by court order.

PLEASE NOTE: To obtain an use a Florida birth record under false or fraudulent purpose is a third degree felony, punishable by the terms and conditions as set forth in Florida Statutes.

BEFORE ME, the undersigned authority, personally appeared _____,
(Print Name of Person Giving an Affidavit)
who after being duly sworn and deposes and says that I am authorized by law to receive the birth certificate of _____.
I am the (check applicable box)
(Print Child's Full Name)

- Child named on the birth certificate.
- Parent(s) listed on the child's birth certificate.
- Legal guardian of the child named on the birth certificate.
- Legal representative of the child or parent named on the birth certificate.

I herby authorize the Department of Health, Office of Vital Statistics to issue the birth certificate of:

(Print Child's Full Name)

to

(Print Name of Person Authorized to Accept Birth Certificate)

FURTHER AFFIANT SAYETH NAUGHT

I hereby swear or affirm the above statements are true and correct.

(Signature of person authorized to release Birth Certificate)

Subscribed and sworn to before me this _____ day of _____, 20____ by
_____, who is: Personally Known by me or Produced
(Print Name of Authorized Individual)
Identification _____ . My Commission Expires: _____.
(Type of Identification Produced)

(Signature of Notary Public)

(Print, Type or Stamp Commissioned Name of Notary Public)