



**State of Florida
Department of Health
Office of Vital Statistics**

APPLICATION FOR FLORIDA CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

Requirement for ordering: The first applicant must provide a copy of a valid photo identification and must be the parent named on the record or their legal representative. Acceptable forms of identification are: **Driver's License, State Identification Card, Passport, or Military Identification Card.**

SECTION A - TYPE OR PRINT

| | | | | | | | |
|---------------------------|-------|-----|----------------|--|---|--|--------|
| FULL NAME ON STATE RECORD | FIRST | | MIDDLE | | LAST | | SUFFIX |
| DATE OF EVENT | MONTH | DAY | YEAR (4-DIGIT) | IF YEAR IS NOT KNOWN ENTER RANGE OF YEARS TO BE SEARCHED | STATE FILE NUMBER | | |
| MOTHER'S / PARENT'S NAME | FIRST | | MIDDLE | | LAST NAME PRIOR TO FIRST MARRIAGE (if applicable) | | SUFFIX |
| FATHER'S / PARENT'S NAME | FIRST | | MIDDLE | | LAST NAME PRIOR TO FIRST MARRIAGE (if applicable) | | SUFFIX |

SECTION B - FEES & PAYMENT

A RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A **NON-REFUNDABLE** SEARCH FEE OF \$9.00

| | | <u>Quantity</u> | <u>Amount</u> |
|-------------------------------------|--|-----------------|---------------|
| CERTIFICATION OF STILLBIRTH: | The \$9.00 fee entitles the applicant to one certification of a Certificate of Birth Resulting in Stillbirth. If a fetal death record is not found , a certified "No Record Found" statement will be issued. Normal processing time is 4-6 days. | 1 | \$ |
| ADDITIONAL COPIES: | Additional copies of the same type certificate, ordered above, are \$4.00 each, when ordered with this request. | X | \$ |
| ADDITIONAL YEARS: | A fee of \$2.00 per year is required. The maximum search fee is \$50.00 regardless of the total number of years to be searched. (Indicate number of years to be searched in 2 nd box.) | X | \$ |
| RUSH ORDERS | This fee is OPTIONAL. If you desire RUSH Service, a \$10.00 fee is required per order. The envelope must be marked "RUSH" . For Credit Card requests, refer to the section on reverse Options for Rush Service. | X | \$ |
| TOTAL AMOUNT ENCLOSED | Check or Money Order Payable to Vital Statistics. International payments should be made by Cashier's Check or Money Order in U. S. Dollars. (DO NOT SEND CASH) Florida Law imposes an additional service charge of \$15.00 for dishonored checks. | | \$ |

SECTION C – APPLICANT/MAILING INFORMATION

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

| | | | | |
|--|--|--------|-----------------------------|----------|
| Applicant's Name TYPE OR PRINT | FIRST | MIDDLE | LAST (INCLUDING ANY SUFFIX) | |
| DELIVERY ADDRESS (INCLUDE APT. NO., IF APPLICABLE) | | CITY | STATE | ZIP CODE |
| HOME PHONE NUMBER () | RELATIONSHIP TO REGISTRANT | | SIGNATURE OF APPLICANT | |
| WORK PHONE NUMBER () | | | | |
| IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO. | IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT | | | |

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

| | | | | |
|--------------------------------------|---|--------|-----------------------------|--|
| SHIP TO NAME TYPE OR PRINT | FIRST | MIDDLE | LAST (INCLUDING ANY SUFFIX) | |
| HOME PHONE NUMBER () | SHIP TO STREET ADDRESS (AND APT. NO. IF APPLICABLE) | | | |
| WORK PHONE NUMBER () | CITY | STATE | ZIP CODE | |

INFORMATION AND INSTRUCTIONS FOR APPLICATION

DISCLAIMER FOR USE: Stillbirth Certificates may not be used for any official purpose.

ELIGIBILITY: Stillbirth certificates must be issued first to the parents, a legal representative, or by court order. After the first issuance, the record becomes public and any applicant may apply.

REQUIREMENT FOR ORDERING: The first applicant must provide a copy of a valid photo identification and must be the parent named on the record or their legal representative. If legal representative, the attorney bar/ID number and the name of whom you represent must be included with your request. There are no requirements for subsequent applicants. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency and that you are requesting for official purposes. Acceptable forms of identification are: Driver's License, State Identification Card, Passport, or Military Identification Card.

NONREFUNDABLE: Vital record fees are nonrefundable, with one exception. Fees paid for additional copies when no record is found will be refunded upon written request.

APPLICANT'S SIGNATURE: Is required, as well as his/her printed name, residence address and telephone number.

RUSH ORDERS: The processing time varies depending upon the volume of work received and the resources available. Normal response time is 4 to 6 business days from receipt. Same day service is not available for this request

OPTIONS FOR RUSH SERVICE:

- **CREDIT CARDS:** The state office is currently not permitted to accept credit cards except in person, but there is a private firm that accepts such charges for a fee of \$7.00 plus a \$10.00 Rush Fee charged by the State Office. You may telephone 1-877-550-7330 or you may fax your request to the private firm at 1-877-550-7428.
- **MAIL IN:** Requests with the envelope marked RUSH and with the \$10 rush fee enclosed will be answered within three business days of receipt. The order will be mailed regular mail, provided the record and application are complete and in order. This does not include records requiring an amendment action.
- **WALK-IN SERVICE** at the State Office of Vital Statistics is available at 1217 North Pearl Street, Jacksonville, Florida. Lobby hours are 8:00 am - 4:30 pm, Monday - Friday. Same day service is not available for this request.

MAIL THIS APPLICATION WITH PAYMENT TO:

**DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
ATTN: VITAL RECORDS SECTION
P.O. BOX 210,
Jacksonville, FL 32231-0042
(Street Address: 1217 N. Pearl Street, Jacksonville, Florida, 32202)**

PLEASE VISIT OUR WEBSITE

www.FloridaVitalStatisticsOnline.com