



State of Florida
Department of Health
Bureau of Vital Statistics

PETITION FOR TERMINATION OF PARENTAL RIGHTS

In accordance with Chapter 63.054(1), Florida Statute

(TYPE OR PRINT INFORMATION)

INFORMATION BELOW FOR USE BY VITAL STATISTICS

STATE OF FLORIDA

COUNTY: DOCKET OR FILE NUMBER:

NAME OF PERSONS WHOSE RIGHTS ARE SOUGHT TO BE TERMINATED:

DATE AND TIME PETITION FILED:

INFORMATION AS IT APPEARS ON FLORIDA BIRTH RECORD

CHILD'S FULL NAME: (As appears on Birth Certificate First, Middle, Last, Suffix):

DATE OF BIRTH (mm/dd/yyyy):

BIRTHPLACE (City/County):

MOTHER'S / PARENT'S NAME PRIOR TO FIRST MARRIAGE (if applicable):

First Middle Last Suffix

FATHER'S / PARENT'S NAME OR ALLEGED NAME PRIOR TO FIRST MARRIAGE (if applicable):

First Middle Last Suffix

SIGNED AND SEALED BY: Signature of Clerk of Court Date Signed