



**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 \_\_\_\_\_,  
(Print Name of Authorized Individual), who is:  Personally Known by me or  Produced

Identification \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
(Type of Identification Produced)

\_\_\_\_\_  
(Signature of Notary Public)

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