



State of Florida
Department of Health
Office of Vital Statistics

CERTIFIED STATEMENT OF FINAL ORDER OF AFFIRMATION OF PARENTAL STATUS

(Important - Read Information and Instructions on page 2 before completing)

A. INFORMATION REGARDING ORIGINAL STATUS OF CHILD

Original Name of Child:
Sex:
Date of Birth:
Place of Birth:
Father's/Parent's name prior to first marriage (if applicable):
Mother's/Parent's name prior to first marriage (if applicable):

B. INFORMATION FOR A NEW CERTIFICATE OF BIRTH

Child's Name:
Name:
Name prior to first marriage:
Date of Birth:
Birth Place:
Race: Social Security Number:
Residence Address of Parent(s):

Mailing Address: (If same as residence, enter Zip Code only)

Legal Representative or Attorney:
Name: Telephone Number:
Address:

Signature: Date:

C. CERTIFICATE OF CLERK OF CIRCUIT COURT Court Docket No.

On the ___ day of ___, 20___, The Circuit Court of ___ County, Judge ___ presiding, issued a Final Order of Affirmation of Parental Status ordering the Department of Health to issue a new birth certificate naming the commissioning couple identified in Section B above as the legal parent(s) of the child identified in Section B above and requiring the Department to seal the original birth certificate.

Signed and sealed by ___ Date ___

INSTRUCTIONS

Please type using black ink

(Prompt submission of this statement, when properly completed, will ensure the timely filing of a new birth certificate.)

Pursuant to s. 742.16(8), Florida Statutes, within 30 days after entry of the order, the clerk of the court shall prepare a certified statement of the order for the state registrar of vital statistics

Please provide all information so that the certificate prepared will be complete.

If the fee is accompanying this statement, please **DO NOT** send cash. Please send a check or money order made payable to Office of Vital Statistics. DH Form 429, Application for Amendment to Florida Birth Record, should be used when remitting the fee.

If the fee is not remitted, a new record will be filed and a notice will be sent to the attorney or parents advising of the filing and of the amendment-processing fee due.

MAIL THIS FORM AND APPLICATION (DH 429) WITH PAYMENT TO:

**DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
ATTN: ADOPTION UNIT
P.O. BOX 210,
Jacksonville, FL 32231-0042**

(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

PLEASE VISIT OUR WEBSITE:

www.FloridaVitalStatisticsOnline.com