

應備文件 Required Documents :

1. 申請人所持有效僑居國護照影本乙份。Applicant's valid passport/resident card copy.
2. 父母所持有有效中華民國及僑居國護照(或居留證)影本乙份。Both parents' valid ROC passport copy and valid passport/resident card copy of the country of residence.
3. 詳填及親簽「文件證明申請表」乙份。Complete and sign "Application for Authentication".
4. 僑居國所發之疫苗證明 Florida Certification of Immunization Form DH680「正本」乙份。Applicant's original Florida Certification of Immunization Form DH680.

費用 Fee :

1. 每份美金 15 元。Each certificate is \$15.
2. 本處僅接受美金匯票、Cashier's Check 或現金(僅限親自來處辦理)、私人或公司支票一概不受理。受款人請填 **Taipei Economic and Cultural Office in Miami**。We accept money order, Cashier's check or cash (in person ONLY), make payable to **Taipei Economic and Cultural Office in Miami**.

辦理方式及作業時間 How to Apply & Process Time :

一般案件於文件備齊後 3-5 個工作天後核發或拒件。Document process time is 3-5 business days.

1. **本人親自至辦事處申請：**申請人應出示有效身分證件正本及影本一份。如申請人為未成年，請另提供法定代理人簽名同意函及雙方關係證明文件正本，並附上法定代理人有效身分證件影本。**In Person:** Applicant is required to bring valid passport and a copy. If applicant is a minor, also provide legal guardian's valid passport, signed permission letter, and proof of guardianship.
2. **以郵寄方式申請：**申請人應出示有效身分證件影本一份。如申請人為未成年，請另提供法定代理人簽名同意函及雙方關係證明文件正本，並附上法定代理人有效身分證件影本。郵寄辦理請自行提供足夠回郵郵費及回郵信封，限代寄美國郵局或 FedEx。**By Mail:** Applicant is required to mail in "Required Documents". If applicant is a minor, also provide legal guardian's valid passport copy, signed permission letter, and proof of guardianship. Applicant shall provide sufficient postage or label. Our office provides services by USPS or FedEx only.

注意事項 Reminders :

1. 本處受理範圍為佛羅里達州、波多黎各、美屬維京群島、巴哈馬、百慕達、英屬土克凱可群島及多明尼加，其他地區請參閱 <http://www.boca.gov.tw/>，洽所屬地區駐外館處辦理。This office can only authenticate documents from the consular jurisdiction of Florida, Puerto Rico, US Virgin Islands, Bahamas, Bermuda, Turks and Caicos Islands and Dominican Republic. Other jurisdiction, please use the link provided <http://www.boca.gov.tw/>.
2. 本處提供之文件證明服務，係應我國內要證機關需要所作之配合行為，非屬強制性質，故各類文件持回我國使用前，當事人應先向要證機關查詢確認其文件需送經駐外館處驗證，再向管轄該文書作成地之我國駐外館處申辦。This office is authorized to issue legalization requested by other ROC agencies, however, it is the applicant's responsibility to confirm the document is current and correct before applying with our office.
3. 為避免申請案件延誤，請附足夠郵資、詳填申請表及繳齊應備文件。本處透過美國郵局或 FedEx 交寄，寄件後即不負責郵件延誤或遺失之責任。To avoid delay, please make sure the application is complete and the return postage is sufficient. Our office is not responsible for late or lost mail or package.

駐邁阿密台北經濟文化辦事處

Taipei Economic and Cultural Office in Miami

2333 Ponce de Leon Blvd, Suite 610, Coral Gables, FL 33134

Office: 305-443-8917 E-Mail: tecomia@mofa.gov.twOffice Hour: 9:00AM-4:00PM <http://www.taiwanembassy.org/USMIA>

文件證明申請表

APPLICATION FORM FOR AUTHENTICATION

受理機關填註/FOR OFFICIAL USE ONLY

公/驗證編號：

簽發日期：

簽發人：

1. 申請人姓名或名稱/代表人或負責人姓名：
(Applicant's Name/ Head of Organization)：

中文 (in Chinese)：_____

外文 (in Foreign Language)：_____

2. 護照、其他身分證明文件號碼或法人營利事業登記證號
(Passport /ID No. or Company Registration No.)：

3. 電話 (Tel No.)：

4. 出生日期(Date of Birth)：

5. 性別(Sex)：

男 (M) 女 (F)

6. 地址(Address)：

7. 電子郵件信箱 (E-mail)：

8. 申請文件證明用途 (Purpose of Authentication)：

9. 所繳文件 (Document(s) or Certificate(s) Attached to the Application Form)：

10. 申請人簽名：

Signature：_____

11. 申請日期：

Date of Application：_____

如非本人申請，受委託代理申請者請填寫下列資料(Please fill in following information, if applied by an agent.)

1. 代理人姓名 (Agent's Name)：

中文 (in Chinese)：_____ 外文(in Foreign Language)：_____

2. 護照或其他身分證明文件號碼(Passport /ID No.)：

3. 與申請人關係 (Relation to Applicant)：

4. 電話 (Tel. No.)：

5. 地址 (Address)：

6. 電子郵件信箱 (E-mail)：

7. 代理人簽名 (Agent's Signature)：

8. 申請日期 (Date of Application)：

注意：申請表內各項資料，務請逐項據實詳細填寫，並請繳驗身分證明文件，其透過代理人申請者，並應繳交經公證人或公務機關認證授權人簽字屬實之授權書，否則將被拒絕受理；所填寫內容倘有不實，申請人及代理人將可能觸犯中華民國刑法之偽造文書罪。

Attention:

Applicants must complete all sections of this form truthfully and in full. The relevant ID documents must be submitted together with the form. **If the application is submitted through an agent, power of attorney authenticated by a notary public or the appropriate authorities must be attached, or the application may be refused.** Should any false or misleading information be willfully entered on this form, this will constitute an act of forgery according to the Criminal Code of the Republic of China.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YYYY)
PARENT OR GUARDIAN	CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- For additional information: See *Immunization Guidelines—Florida Schools, Childcare Facilities and Family Daycare Homes* for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Tdap	P	_____	_____	_____	_____	_____
Td	Q	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
		<i>Year</i>	_____	_____	_____	_____
PneumoConjugate	N	_____	_____	_____	_____	_____

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

- DOE Code 1: Check box if immunizations are complete for kindergarten entry
- DOE Code 8: Check box if immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

- DOE Code 2 (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.**

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

Part C-Permanent

(For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

- DOE Code 3 _____
I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or
Authorized Signature: _____

Issued by: _____

Date: _____