



APPLICATION FOR A FLORIDA DEATH RECORD
 FLORIDA DEPARTMENT OF HEALTH - ESCAMBIA COUNTY
 1295 W. Fairfield Drive
 Pensacola, Florida 32501
 850-595-6543

Read the FRONT AND BACK of this application: Anyone may apply for a death certification. When cause of death information is also requested and the death occurred less than 50 years ago, a valid photo identification must accompany this application or if a mal request, a copy of the valid photo identification, front & back, must be provided; AND the applicant OR person being represented must be an eligible person as outlined in statute (see Eligibility on the back of this form). Relationship to the decedent must be entered in the space provided at the bottom of the form when requesting cause of death. If applicant is a funeral director or an attorney, see additional information under **Eligibility** on back of this form to ensure proper completion of this application.

Acceptable forms of valid ID are: driver's license, state identification card, passport, and/or military ID card. When requesting a death certification without cause of death OR if the death occurred over 50 years prior to the request, photo identification is not required.

SECTION A: DECEDENT INFORMATION

NAME OF DECEDENT	FIRST		MIDDLE		LAST		SUFFIX
	ALIAS NAME (IF APPLICABLE)				IF MARRIED FEMALE, MAIDEN SURNAME (if known)		SEX
DATE OF DEATH	MON TH	DAY	YEAR (4-DIGIT)	ADDITIONAL YEARS TO BE SEARCHED (Required <u>only</u> when exact year of death is <u>not</u> known)		Indicate the <u>range of years</u> to be searched	
	PLACE OF DEATH CITY OR TOWN			PLACE OF DEATH COUNTY		STATE FILE NUMBER (if known)	
PLACE OF DEATH	FIRST		MIDDLE		LAST		SUFFIX
NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD (if applicable and if known)	FIRST		MIDDLE		LAST		SUFFIX
SOCIAL SECURITY NUMBER (if known)	FUNERAL HOME NAME (if known)						

IMPORTANT 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.

SECTION B: APPLICANT INFORMATION

If requesting cause of death, all applicants must state their relationship to the decedent; if a funeral director or an attorney, you must enter the relationship of the person you represent. Eligibility requirements are provided on the back of this form.

Applicant's Name TYPE OR PRINT	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)		SIGNATURE OF APPLICANT	
HOME PHONE NUMBER ()	MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)		RELATIONSHIP TO DECEDENT	
ALTERNATE PHONE NUMBER ()	CITY		STATE	ZIP CODE
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE/ BAR NUMBER	NAME OF PERSON REPRESENTED	and	THEIR RELATIONSHIP TO DECEDENT

DEATH CERTIFICATE FEES

Quantity		Cost Per Copy	Amount
_____	Without Cause of Death (Used for recording purposes: probate, tax, title, deeds, etc.)	\$10.00	\$ _____
_____	With Cause of Death (Used for personal records and insurance)	\$10.00	\$ _____
	Total		\$ _____

For office use only:

ID	CASH / CHECK / MO# / VISA / MC	AC#
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Receipt # _____

INFORMATION AND INSTRUCTIONS

AVAILABILITY: Death registration was not required by state law until 1917; however, it was many years before we had registration. While there are some records on file dating back to 1877, not all events were registered.

ELIGIBILITY:

WITHOUT CAUSE OF DEATH: Any person of legal age (18) may be issued a death certification without the cause of death.

CAUSE OF DEATH INFORMATION: Cause of Death for any record over 50 years old may be issued to any applicant. Death records less than 50 years old with the cause of death information included may only be issued to the following individuals:

Decedent's spouse or parent;

Decedent's child, grandchild or sibling, if of legal age;

Any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent, **OR**

Any person who provides documentation that he or she is acting on behalf of any of the above named persons.

Requests for a death certification that includes the cause of death information must state the qualifying eligibility, or a notarized Affidavit to Release Cause of Death Information (DH 1959), which is available upon request. If after reading the above information you are still uncertain regarding your eligibility for cause of death information, call our office (904) 250-6900.

A funeral director or attorney representing an eligible person as defined above must include their professional license number, extension 9000 for assistance, and the name and relationship of the person they are representing, if requesting cause of death. If not representing someone (DH 1959) must accompany this request.

SPECIAL: Florida clerks of court will not accept a death certification (DH 1959) if the cause of death information is not included when filing a completed Affidavit to Release Cause of Death Information.

NOTE: Cause of death information is not available for records over 50 years old.

INFORMATION

NEEDED: A search cannot be made without the decedent's name and year of death. If any of the other requested on the items of this form are unavailable, other identifying information (such as parents' names, birthplace, etc) may be helpful if multiple records are found for common names.

APPLICANT'S

SIGNATURE

Applicant's signature is required, as well as his/her name, valid residence address and telephone number.