



APPLICATION FOR A FLORIDA DEATH RECORD

Florida Department of Health, Seminole County

Department of Vital Statistics

Office Hours: Monday – Friday 8 am – 4:30 pm

Must have application submitted by 4:15 pm, for same day service

VISA OR MASTERCARD ONLY—NO PERSONAL CHECKS

IMPORTANT: Read the entire application form before completing. Cause of death is confidential.

To obtain and use a Florida death record under false or fraudulent purposes is a third-degree felony, punishable by the terms and conditions set forth in Florida Statutes.

TYPE OR PRINT

NAME OF DECEASED:	First Name	Middle Name	Last Name	Sex	
SOCIAL SECURITY NUMBER: (if known)		Date of Death (Month)	Day	Year (4-digit)	If year not known, specify range of years to search N/A
FLORIDA	Place of Death—City	County (Required)	Death File Number (if known) N/A		
NAME AND ADDRESS OF FUNERAL HOME:	Funeral Home Name	Address (City)			

CERTIFICATES AND FEES –Death Certificates available for 2011, Seminole County only. 2012-Present, all Florida counties

Description

A fee of \$10.00 entitles the applicant to one certification of the death record. Each additional death certificate for the SAME PERSON is \$5.00 each.

	Fee	With Cause of Death	Without Cause of Death	Total Cost
First Copy	\$10.00	Qty _____	Qty _____	_____
Each additional copy	\$ 5.00	Qty _____	Qty _____	_____

ADDITIONAL FEES

Rush Processing (process within 2 business days) \$10.00

Rush Processing (process within 2 business days) AND Overnight Delivery.....\$ 20.00

Note: RUSH Processing is for mail order only, and is per order

TOTAL DUE: \$ _____

When cause of death information is requested, the applicant must state relationship to decedent and provide photo identification such as driver's license, state identification card, passport, or military identification.

APPLICANTS NAME: Type or Print	First Name	Middle Name	Last Name	Suffix
IF Funeral Director/Attorney as Applicant for Cause of Death Information	License Number	Funeral Home of Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person Represented	
State Relationship to Descendent	SIGNATURE OF APPLICANT			
Home/Cell Phone Number ()	Registrant Street, Address (include apt.)			
Work Phone Number ()	City	State	Zip Code	

PLEASE READ ALL INFORMATION ON BACK BEFORE SUBMITTING APPLICATION

OFFICE USE ONLY – To be completed by Seminole County Health Department staff

Date:	Receipt#	Document#:
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INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY:

Death registration was not required by state law until 1917 however there are some records on file at the State Office of Vital Statistics dating back to 1877.

ELIGIBILITY:

Without Cause of Death:

Any person of legal age (18) maybe issued a certified copy of a death record without the cause of death.

With Cause of Death:

Death records with the cause of death information may only be issued to the following individuals: the decedent's spouse or parent; to the decedent's child, grandchild or sibling, if of legal age; to any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent, or to any person who provides documentation that he or she is acting on behalf of any of the above named persons. All requests for certification of a death certificate that includes the cause of death information must include signature of the applicant, state his or her qualifying eligibility, or a notarized Affidavit to Release Cause Of Death Information (DH Form 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) 359-6900 extension 9000 for assistance.

The funeral director associated with the funeral home listed on the death record, or attorney representing an eligible person listed above must include their signature, professional license number, and the name and relationship of the person they are representing. If you are a funeral director **not** associated with the funeral home listed on the death record, or an attorney not representing someone listed above as eligible to receive cause of death information, then a completed Affidavit to Release Cause of Death Information (DH Form 1959) must accompany this request.

Cause of death information on death records over 50 years old is available to anyone completing an application and submitting the required fee.

NOTE: Florida Clerks of Court will not accept a death record with cause of death information when filing probate.

INFORMATION NEEDED:

A search cannot be made without the decedent's name and year of death. If any of the other items requested on the front 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.

ACCEPTABLE FORMS OF IDENTIFICATION: Valid (not expired)

Driver's License • State Identification Card • Passport • Military Identification

PAYMENT: Cash, Visa or Master cards only, Money Orders, Cashier's Checks or Official Business Checks (business name, address, and phone number must be imprinted on the check). **NO PERSONAL CHECKS**

Make payable to: Seminole County Health Department

BY MAIL: Mail completed and signed application, copy of valid photo ID (if requesting cause of death), and payment to:

Florida Department of Health, Seminole County
Department of Vital Statistics
400 W. Airport Blvd.
Sanford, FL 32773

NOTE: Do not mail cash—payment via mail by money order, cashier's check or business check only.