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

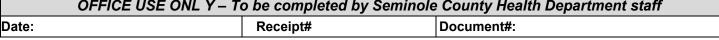
<u>IMPORTANT:</u> Read the entire application form before completing. Cause of death is confidential. To obtain and use a Florida death record under false or fraudulent purposes is a third-degree felony, punishable by the terms and conditions set forth in Florida Statutes.

TYPE OR PRINT								
NAME OF DECEASED:	First Name		Middle Name		Last Name			Sex
SOCIAL SECURI NUMBER: (if known)	ΤY		Date of Death (Mon	nth) Day	Year (4-digit)	If year not known, specify search N /		
FLORIDA	Place of Death—City		City	C	ounty (Required)		Death File Number (if known) N/A	
NAME AND ADDRESS OF FUNERAL HOME:				Address (City)				

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

Description

			fication of the death re ERSON is \$5.00 each			Total Cost
			Fee	With Cause of Death	Without Cause of Death	
First Copy			\$10.00	Qty	Qty	
Each additional copy			\$ 5.00	Qty	Qty	
ADDITIONA	L FEES				_	
Rush Proc	essing (process	within 2 business	s days)	\$	10.00	
Rush Proc	essing (process	within 2 business	days) AND Overnigh	t Delivery\$	20.00	
Note: RUSH Proce	TOTAL DUE:	\$				
			ed, the applicant must se, state identification			
APPLICANTS NAME: Type or Print	First N	lame	Middle Name		Last Name	Suffix
IF Funeral Director/Attorney as Applicant for Cause of Death Information		License Number	Funeral Home of Record Name of Person Representation Yes No		ne of Person Represent	ed
State Relationshi	p to Descendent	SIGNATURE OF	APPLICANT			
Home/Cell Phone Number		Registrant Street, A				
Work Phone Number		City			State	Zip Code
			ATION ON BACK BEF			
		V To ho com	nnlated by Comina	la County Hoa	th Donortmont o	toff



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

<u>PAYMENT</u>: 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

<u>BY MAIL</u>: 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.