

## APPLICATION FOR A FLORIDA DEATH RECORD

(For Florida Department of Health in Osceola County)

## **Bureau of Vital Statistics**

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 mail 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 this form when requesting cause of death. If applicant is a funeral director or an attorney, see additional information under Eligibility on the 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

NAME OF DECEDENT  ALIAS NAME (IF APPLICABLE)  DATE OF DEATH  MONTH  DAY  YEAR (4-DIGIT)  ADDITIONAL YEARS TO BE SEARCHED:  Indicate the page of years to be evented  Indicate the page of years to be evented  Recorded on the state of duals in recision.  PLACE OF DEATH  PLACE OF DEATH  PLACE OF DEATH CITY OR TOWN  PLACE OF DEATH COUNTY  STATE FILE NUMBER (If known)  IMPORTANT INFORMATION  Any person who willingly 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 VIEW RECORD under false of Fraudulent purposes, commits a fellow of the third degree, punishable as provided in Chapter 773, Florida Statutes.  SECTION B: APPLICANT INFORMATION  If requesting cause of death, you must state your relationship to the decedent, if a funeral director or an attorney, the relationship of the person you represent.  Eligibility requirements are provided on the back of this form.  Applicant's  Name  FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)  SIGNATURE OF APPLICANT  HONE PHONE NUMBER  ALTERNATE PHONE NUMBER  CITY  STATE  ZIP CODE  THEIR RELATIONSHIP TO DECEDENT  A fee of \$10,000 entitles the applicant to one certification of death record.  Cause of Death Information  SECTION S. 2010, IF APPLICABLE)  A fee of \$10,000 entitles the applicant to one certification of death record.  Cause of Death Information  SECTION S. 2010, IF APPLICABLE)  A fee of \$10,000 entitles the applicant to one certification of death record.  Cause of Death Information  SECTION S. 2010, IF APPLICABLE  A fee of \$10,000 entitles the applicant to one certification of death record.  Cause of Death Information  SECTION S. 2010, IF APPLICABLE  A fee of \$10,000 entitles the applicant to one certification of death record.  Cach Additional death certificates without cause of death?  How many death certificates without ca	death OR If the death occurred over 5	o vears prior		ECTION A: DEC		•						
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PLACE OF DEATH PLACE OF DEATH CITY OR TOWN PLACE OF DEATH COUNTY STATE FILE NUMBER (if known)  NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD (if applicable and it known) SOCIAL SECURITY NUMBER (if known)  SOCIAL SECURITY NUMBER (if known)  IMPORTANT INFORMATION  Any person who willingly and knowingly provides any false information on a certificate, record or report required by Chapter 392, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, committed degree, punishable as provided in Chapter 775, Florida Statutes.  SECTION B: APPLICANT INFORMATION  If requesting cause of death, you must state your relationship to the decedent, if a funeral director or an attorney, the relationship of the person you represent. Eligibility requirements are provided on the back of this form.  Applicant's Name  FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)  SIGNATURE OF APPLICANT  HOME PHONE NUMBER (IY)  ALTERNATE PHONE NUMBER (IY)  ALTERNATE PHONE NUMBER (IY)  ALTERNATE PHONE NUMBER (IY)  STATE  ZIP CODE  THER RELATIONSHIP TO DECEDENT  for Cause of Death Information  SECTION C: UNIQUE COUNTY INFORMATION  FEES ARE NON-REFUNDABLE - and subject to change without notice.  Quantity  Amount  SECTION C: UNIQUE COUNTY INFORMATION  FEES ARE NON-REFUNDABLE - and subject to change without notice.  Quantity  Amount  Are of \$10.00 entities the applicant to one certification of death record. Each Additional death certificate for the SAME PERSON is \$10.00 each.  Section C: UNIQUE COUNTY INFORMATION  FEES ARE NON-REFUNDABLE - and subject to change without notice.  Quantity  Amount  AND ON YOUR of the certificate for the SAME PERSON is \$10.00 each.  Section C: UNIQUE COUNTY INFORMATION  FEES ARE NON-REFUNDABLE - and subject to change without notice.  Quantity  Amount  AND ON YOUR OF THE THOR	ALIAS NAME (IF APPLICABLE)	IF MARRIED FEMALE				, MAIDEN	MAIDEN SURNAME (if known) SEX					
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	Visa MasterCard Cre	dit Number					Expiration Da	te:				

DH 1961 6/13 Obsoletes previous editions

NOTE: Osceola County does not accept personal checks. Use money orders or cashier's check.

## INFORMATION AND INSTRUCTIONS

<u>AVAILABILITY</u>: Death registration was not required by state law until 1917; however, it was many years before we had consistent 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 year 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 demostrates 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.

All requests for certification of a death certificate 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) 359-6900 extension 9000 for assitance.

A funeral director or attorney representing an eligible person as defined above must include their professional license nunber, and the name and relationship of the person they are representing, if requesting cause of death. If not representing someone identified above as eligible to receive cause of death information, then a completed Affidavit to Release Cause of Death Information (DH 1959) must accompany this request. <u>SPECIAL NOTE</u>: Florida clerks of court will not accept a death record with cause of death information included 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.

UNIQUE COUNTY INFORMATION					
Mail this application with payment to:	FLORIDA DEPARTMENT OF HEALTH IN OSCEOLA COUNTY				
	Attn: Bureau of Vital Statistics				
	1875 Fortune Road				
	Kissimmee, FL 34744				
	(407) 343-2009				

Option for Rush Service:

Credit Card next day UPS service or regular mail available by going to the vitalchek website: <a href="http://www.vitalchek.com/Campaign?site=4&clickid=5725205364217">http://www.vitalchek.com/Campaign?site=4&clickid=5725205364217</a>

For more information, please call 407-343-2009 Visit us at: <a href="http://osceolahealth.org/vitals1.html">http://osceolahealth.org/vitals1.html</a>

IF THE CERTIFICA	TE IS TO BE MAILE		NOR ADDRESS, USE THE SPACE BELOW TO ADDRESSED ENVELOP FOR THE RETURN (		3. ALSO PLEASE PROVIDE A	
SHIP TO NAME TYPE OR PRINT		FIRST	MIDDLE	LAST	SUFFIX	
HOME PHO	NE NUMBER	SHIP TO STREET ADDR	RESS (AND APT.)			
WORK PHONE NUMBER			CITY	STATE	ZIP CODE	