



**State of Florida  
Department of Health  
Bureau of Vital Statistics  
APPLICATION FOR FLORIDA DEATH OR FETAL DEATH RECORD**

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 copy of valid photo ID must accompany this application AND the applicant OR person being represented must be an eligible person as outlined in statute (see Eligibility on the reverse 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. 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. If a funeral home or an attorney, see additional information under Eligibility on reverse side of this form to ensure proper completion of this application.

**SECTION A INFORMATION ON TYPE OF RECORD AND DECEDENT** PLEASE CHECK APPROPRIATE BOX:  DEATH  FETAL DEATH

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

**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 – FEES: A RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON-REFUNDABLE SEARCH FEE OF \$5.00**

1<sup>st</sup> CERTIFICATION - Fee of \$5.00 entitles applicant to ONE certification. Check appropriate box:

Without Cause of Death  With Cause of Death (See Eligibility on the reverse side of this form)

**Additional Certifications WITHOUT Cause of Death:**  
\$4.00 for each subsequent certification

**Additional Certifications WITH Cause of Death (See Eligibility on the reverse side of this form):**  
\$4.00 for each subsequent certification

**Additional Years to be Searched:** Required *only* when exact year is *not* known  
\$2.00 for each additional year. The maximum additional year search fee is \$ 50.00 regardless of the total number of years to be searched.

	X		=	
	X		=	
	X		=	
	X		=	

**RUSH ORDERS** (Optional): RUSH Fees are an additional \$10.00.  
See reverse side "Options for Rush Service" for ALL RUSH options and response times.  
This section applies **ONLY** to mail in rush orders. Your Envelope must be marked "RUSH"

Check here for rush order  =

**TOTAL AMOUNT ENCLOSED:** Check or Money Order Payable to: Vital Statistics. **(DO NOT SEND CASH)**  
International payments should be made by Cashiers Check or Money Order in U. S. Dollars.  
*Florida Law imposes an additional service charge of \$15.00 for dishonored checks.*

ENCLOSE COPY OF VALID PHOTO IDENTIFICATION IF CAUSE OF DEATH CERTIFICATIONS ARE ORDERED OR YOUR ORDER WILL NOT BE COMPLETED

**SECTION C – MAILING INFORMATION:**

Applicant's Name	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)	Applicant Signature	
TYPE OR PRINT			
If Funeral Director or Attorney listed as Applicant and requesting Cause of Death Information	LICENSE/BAR NUMBER	NAME OF PERSON YOU ARE REPRESENTING	
If requesting cause of death, state your relationship (OR if a funeral director or an attorney, the relationship of the person you are representing) to the decedent.	RELATIONSHIP TO DECEDENT		
HOME PHONE NUMBER	ADDRESS FOR MAILING (BE SURE TO INCLUDE ANY BUILDING OR APARTMENT NUMBER.)		
ALTERNATE PHONE NUMBER	CITY	STATE	ZIP CODE

**IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.**

SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)
HOME PHONE NUMBER	SHIP TO STREET ADDRESS (AND APT. NO. IF APPLICABLE)		
WORK PHONE NUMBER	CITY	STATE	ZIP CODE

## INFORMATION / INSTRUCTIONS

This application is not to be used for requesting an amendment to a death record. If an amendment is required, use DH Form 433(non medical amendment) or DH 434 (medical amendment).

**AVAILABILITY:** 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 certified copy of a death record 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: 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 state the 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.

A funeral director or attorney representing an eligible person as defined above must include their professional license number, 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 Form 1959) must accompany this request. **SPECIAL NOTE:** Florida clerks of court will not accept a death record with "cause of death information included" when filing probate.

**DATE OF DEATH NOT KNOWN:** If date of death is unknown, the entire year specified will be searched. If you do not know the year of the event and you wish to have more than one year searched, you must specify the span of years you wish searched (Example: 1970 to present) and pay the \$2.00 per year for each additional year to be searched.

**INFORMATION NEEDED:** A search **cannot be made without the decedent's name and year of death.** If any of the other items requested in Section A on the front of this form are available, this information may be helpful to us in our search particularly when multiple records are found for common names. Please provide as much information as possible.

**PROCESSING TIME** Normal response time is 10 – 14 business days; however, the processing time can exceed this timeframe dependent upon the volume of work received and the resources available at the time your request is received.

### **OPTIONS FOR RUSH SERVICE:**

- **CREDIT CARDS:** The state office currently does not accept credit cards but there is a private firm that accepts such charges and transfers the requests to Vital Statistics for a fee of \$7.00 plus a \$10.00 Rush Fee charged by the State Office. Telephone number is (877) 550-7330 or fax (877) 550-7428. All requests taken by this firm will be expedited in our office with a processing time exceeding that of routine processing, (usually 5-7 business days for regular mail). Certification(s) will be mailed 1<sup>st</sup> class mail UNLESS special mailing is requested and paid for at the time of your order. If special mailing (UPS) is requested at the time you place your order with this contracted firm, the request will be processed in our office within 1-2 days.
- **MAIL IN:** Orders marked RUSH and with \$10 rush fee included with the search fee, will be searched priority over routine processing (usually 5-7 days response time for RUSH service). Include a self addressed stamped envelope with your request. Certification(s) will be mailed 1<sup>st</sup> class mail UNLESS a prepaid special mailing envelope is included with your request.
- **WALK-IN SERVICE:** Requests may be made at the state office in Jacksonville, located at **1217 Pearl Street**. Orders prepaid before noon may be picked up after 3:30 p.m. Orders prepaid after noon may be picked up after 10:00 a.m. the next workday.

**RECORD NOT FOUND:** If a death record is not found, you will be issued a "not found" statement in lieu of the certification. Fees are nonrefundable, with one exception. Fees paid for additional copies when no record is found will be refunded upon written request.

### **MAIL THIS APPLICATION WITH PAYMENT TO**

**STATE OFFICE OF VITAL STATISTICS**

**ATTN: CLIENT SERVICES**

**P.O. BOX 210**

**Jacksonville, FL 32231-0042**

### **PLEASE VISIT OUR WEBSITE**

[http://www.doh.state.fl.us/planning\\_eval/vital\\_statistics/index.html](http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html)