APPLICATION FOR A FLORIDA DEATH RECORD

Florida Department of Health In Seminole County

Vital Statistics Department

400 West Airport Blvd

Sanford, FL 32773

THE ENTIRE APPLICATION NEEDS TO BE COMPLETED

407-665-3226

Read the FRONT AND BACK of this application: Anyone may apply for a death certification. When requesting a death certificate without cause of death or if death occurred over 50 years prior to the request, photo ID is not required. When cause of death information is requested and the death occurred less than 50 years ago, a valid ID must accompany this application. If a mail in request, a copy of valid ID must be provided. The applicant or person being represented must be an eligible person (see eligibility on the back of this form) Relationship to the decedent must be entered in the space provided on the botton of this form when requesting cause of death. Funeral Director or an Attorney , see additional information under Eiligibility on the back of this form. Acceptable forms of ID are: Drivers License, State Identification, Passport and or Military Card.

SECTION A: DECEDENT INFORMATION

NAME OF DECEDENT	**FIRST**	**MIDDLE**	**LAST**	SUFFIX
DATE OF DEATH	**MONTH** / **DAY**	**YEAR (4 DIGIT)**	STATE FILE NUMBER (If known)	**SEX**
PLACE OF DEATH	**PLACE OF DEATH - CITY**	**PLACE OF DEATH - COUNTY**		
NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD	**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 (adult requesting certificate) INFORMATION

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 REGISTRANT
ALTERNATE PHONE NUMBER ( )	CITY	STATE	ZIP CODE
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	LICENSE/ BAR NUMBER	NAME OF PERSON REPRESENTED	THEIR RELATIONSHIP TO REGISTRANT

SECTION C: COUNTY HEALTH DEPARTMENT FEE INFORMATION

	Fee	With Cause of Death	Without Cause of Death
First Copy	$10.00	Quantity _____	Quantity____
Additional Copy	$10.00	Quantity _____	Quantity____

Total_____

VISA, DISCOVER, MASTERCARD OR MONEY ORDER ONLY * NO PERSONAL CHECKS

NAME OF CARD HOLDER_____ **SIGNATURE**_____

CREDIT CARD NUMBER_____ **EXP DATE**_____

Mail in application

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

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 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

1. Decedent's spouse or parent;
2. Decedent's child, grandchild or sibling, if of legal age;
3. Any person who provides a will, insurance policy or other document that demonstrates his or her interest
4. 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) 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 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.

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.

COUNTY HEALTH DEPARTMENT NAME AND ADDRESS

Vital Statistics Department
400 West Airport Blvd
Sanford, FL 32773

Monday-Friday 8:00-4:15

407-665-3226