APPLICATION FOR A FLORIDA DEATH RECORD

Florida Department of Health In Seminole County
Office of Vital Statistics
400 W. Airport Blvd, Sanford FL 32773
Monday-Friday 8:00-4:00

(407) 665-3226 or SeminoleVitalStatistics@FLHealth.gov

All Florida Death Records are available from 2009 to current year

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)	**Additional years to be searched**	SEX
PLACE OF DEATH	PLACE OF DEATH - CITY		PLACE OF DEATH - COUNTY	STATE FILE NUMBER (If known)	
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 INFORMATION **(adult requesting certificate)**

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 DECEDENT
ALTERNATE PHONE NUMBER	CITY	STATE	ZIP CODE
Funeral Director/ Attorney as Applicant for Cause of Death	LICENSE/ BAR NUMBER	NAME OF PERSON REPRESENTED	THEIR RELATIONSHIP TO DECEDENT

FEE / ORDERING INFORMATION	**FEE**		**NUMBER OF COPIES**		**AMOUNT DUE**
The Fee for one certified copy of a Florida Death Record is	**$10**	X	**1**	=	**$10**
The Fee for additional copies	**$5**	X		=	

How many with Cause of Death: _____

How many with out Cause of Death: _____ **TOTAL TO PAY →**

ACCEPTABLE PAYMENT: CASH*AMEX*VISA*DISCOVER*MASTERCARD*MONEY ORDER*NO PERSONAL CHECKS

NAME OF CARDHOLDER _____ **SIGNATURE**_____

CREDIT CARD NUMBER_____ **EXP DATE**_____ **CVV #**_____ **BILLING ZIP**_____

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 applicant.

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 in the estate of
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 am - 4:00 pm

Ph:407-665-3226 Fax:407-665-3059

SeminoleVitalStatistics@FLHealth.gov

For Death Records prior year 2009 please visit:

http://duval.floridahealth.gov