

APPLICATION FOR A FLORIDA DEATH RECORD

(County Health Department Use Only) Florida Department of Health in Pasco County

Vital Statistics

13941 15th Street, #212 Dade City, FL 33525 Phone (352) 521-1450 Menu Option 6 Fax (727) 484-3867

FIRST

(M-F 8-4:30P)

7509 State Road 52 Hudson, FL. 34667 Phone (727) 861-5250 Menu Option 6 Fax (727) 484-3867

LAST

SHEERY

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 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.

MIDDI F

NAME OF DECEDENT										
ALIAS NAME (IF APPLICABLE)	IF MARRIED FEMALE, MAIDE						N SURNAME (if known)		SEX	
DATE OF DEATH	MONTH DAY YEAR (4 DIGIT)			ADDITIONAL YEARS TO BE SEARCHED (Required <u>only</u> when exact year of death is <u>not</u> known)			ndicate the <u>range</u>	cate the <u>range of years</u> to be searched		
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 if known)	FIRST				·		laiden, if applicat	den, if applicable)		
SOCIAL SECURITY NUMBER (if known)	FUNERAL HOME NAME (if known)									
			IMPOR	TANT IN	IFORMATION					
Any person who willfully and know on any application or affidavit, or										
	of the t	hird dear	ee. punishable a	as prov	ided in Chapter 775. Flo	rida Statutes.				
					uesting certificate) INFO					
If requesting cause of death, all appl	icants mus	st state the	eir relationship to	the dec	cedent; if a funeral director	r or an attorney,	you must ent	er the relati	onship of the	
	person y	ou represe	ent. Eligibility red	quireme	nts are provided on the ba	ack of this form.				
Applicant's Name	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)						SIGNATURE OF APPLICANT			
TYPE OR PRINT										
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 Ca of Death Information	· ··						THEIR RELATIONSHIP TO DECEDENT			
	SI	ECTION C	: COUNTY HEA	LTH DE	PARTMENT FEE INFOR	MATION				
							Fee	Quantity	Total	
Number of Certified Copies WITH CAUSE OF DEATH							\$10.00	T	\$	
Number of Certified Copies WITHOUT CAUSE OF DEATH							\$10.00		\$	
Shipping Fee (Required for any mail request)							\$10.00		\$	
TOTAL AMOUNT ENCLOSED: Cash (Walk-in ONLY. DO NOT send cash through mail) Visa, MasterCard, Money Order or Cashier's Check payable in U.S. Dollars to Vital Statistics (NO PERSONAL CHECKS)									\$	
Complete for Mail-in Request O	nly: (Mu	st include	copy of driver	rs licen	se of person named on	card)				
Credit Card Orders: Visa 🖵 🏻 Ma	asterCard	I □ Nar	ne on Card					_		
redit Card Number Expiration Date						CVV:				
Audit Control #(s)				Rece	ipt#					

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. Death records less than 50 years old with the cause of death information included may only be issued to the following individuals:

- 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 the decedent;
- 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.

<u>APPLICANT'S SIGNATURE:</u> Applicant's signature is required, as well as his/her name, valid residence address and telephone number.