# APPLICATION FOR A FLORIDA DEATH RECORD (2009- Present only)

Florida Department of Health in Santa Rosa County (DOH-Santa Rosa) 5527 Stewart Street, P.O. Box 929
Milton, Florida 32572-0929
(850) 983-5200 Fax: (850) 983-4643

Certificate Number: _____

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.

## SECTION A: DECEDENT INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| **NAME OF DECEDENT** | **FIRST** | **MIDDLE** | **LAST** | | **SUFFIX** |
| **ALIAS NAME (IF APPLICABLE)** | | **IF MARRIED FEMALE, MAIDEN SURNAME** (if known) | | | **SEX** |
| **DATE OF DEATH** | **MONTH** / **DAY** / **YEAR (4-DIGIT)** | **ADDITIONAL YEARS TO BE SEARCHED** (Required *only* when exact year of death is *not* known) | **Indicate the range of years 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** | **MIDDLE** | **LAST** | | **SUFFIX** |
| **SOCIAL SECURITY NUMBER** (if known) | Please leave blank | **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

If requesting cause of death, *all applicants* must state their relationship to the decedent; if a funeral director or an attorney, you must enter the relationship of the person you represent. Eligibility requirements are provided on the back of this form.

| | | | |
|---|---|---|---|
| **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 Information** | LICENSE/ BAR NUMBER | NAME OF PERSON REPRESENTED | and THEIR RELATIONSHIP TO DECEDENT |

## SECTION C: FEES

| | | | QUANTITY | | AMOUNT | |
|---|---|---|---|---|---|---|
| The $12.00 fee entitles the applicant to one certificate of registered death | $12.00 | X | | = | $ | |
| **Protective Vinyl Envelope** | $ 5.00 | X | | = | $ | |
| **MAIL ORDERS ONLY:** Shipping and Handling Fee | $ 3.00 | X | | = | $ | |
| **MAIL ORDERS ONLY:** Rush Delivery (FedEx) | $16.00 | X | | = | $ | |

Number of copies requested With Cause of Death: _____
Number of copies requested Without Cause of Death: _____

Check or money order payable to **DOH-Santa Rosa** (Do Not Mail Cash) Total Amount Enclosed: $

***Florida Law imposes an additional service charge of $25 for dishonored checks***

**MAIL APPLICATION TO: DOH-Santa Rosa, Attn: Vital Statistics, P.O. Box 929, Milton, FL 32572-0929**

**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** | **SUFFIX** |
| **SHIP TO STREET ADDRESS (INCLUDE APT. NO., IF APPLICABLE)** | | **CITY** | **STATE** | |
| **FOR OFFICE USE ONLY** | **DATE MAILED:** | **EMPLOYEE NAME:** | | |

**INFORMATION AND INSTRUCTIONSFOR 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, **OR**
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.

| **DOH-Santa Rosa , 5527 Stewart Street, P.O. Box 929, Milton, Florida 32572** |
| --- |
| CREDIT CARD:_____(Visa or MasterCard) EXPIRES: _____CVC_____ |

Must provide copy of photo ID.