



**APPLICATION FOR FLORIDA DEATH RECORD
SANTA ROSA COUNTY HEALTH DEPARTMENT**

5527 Stewart St, P.O. Box 929

Milton, Florida 32572-0929

(850) 983-5200, Ext. 155

Fax: (850) 983-4643

Certificate Number _____

Receipt Number _____

IMPORTANT INFORMATION

Please read the entire application before completing. Cause of death is confidential. 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.

PLEASE CHECK APPROPRIATE BOX: DEATH FETAL DEATH

SECTION A DECEDENT INFORMATION

TYPE OR PRINT

NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)		SEX
SOCIAL SECURITY NUMBER (if known)	DATE OF DEATH - MONTH	DAY	YEAR (4 DIGIT)	IF YEAR NOT KNOWN, SPECIFY RANGE OF YEARS TO SEARCH - \$3 PER YR Fee in Advance	
FLORIDA	PLACE OF DEATH - CITY	COUNTY (REQUIRED)		STATE FILE NUMBER (if known)	
NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD (if applicable and if known)	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)		
NAME AND ADDRESS OF FUNERAL HOME	NAME		ADDRESS (CITY)		

SECTION B FEES

			QUANTITY	=	AMOUNT
The \$8.00 fee entitles the applicant to one certification of a registered death. All copies are \$8.00 apiece.	\$8.00	X			\$
Number of copies requested with cause of death: _____					
Number of copies requested without cause of death: _____					
TOTAL AMOUNT ENCLOSED:					
Check or money order payable to Santa Rosa County Health Department U.S. Dollars (DO NOT SEND CASH) <i>Florida Law imposes an additional service charge of \$15 for dishonored checks</i>					\$

SECTION C APPLICANT OR MAILING INFORMATION

TYPE OR PRINT

APPLICANT'S NAME	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)	Applicant Signature			
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 ()	STREET ADDRESS				
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE		

When cause of death information is requested, the applicant must state relationship to decedent and provide photo identification such as driver's license, state identification card, passport, or military identification.

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 (AND APT.)		CITY	STATE	ZIP

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

FOR OFFICE USE ONLY	<input type="checkbox"/> Application mailed	Date mailed:	Mailed to:
	Employee Name:		

FEES NON-REFUNDABLE: except for extra copies, when no record is located and only upon written request. Refunds are not available at the local level and the individual must petition the state comptroller. There will be a \$3.00 search fee assessed when no record is found and will be deducted from refund.

INFORMATION / INSTRUCTIONS

This application is not to be used for 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.

The funeral director or attorney representing an eligible person 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 UNKNOWN: If date of death is unknown, the entire year specified will be searched. If you know the year of the event and you wish to have more than one year searched, you must specify the span of years you wished 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.

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 for additional copies when no record is found will be refunded upon request.

CREDIT CARD _____ **EXPIRES** _____

(Visa or MasterCard)

SHIP METHOD: _____ Express Courier (only with a credit card order) _____ Regular Mail

PLEASE VISIT THE STATE OFFICE OF VITAL STATISTICS WEBSITE

http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html