



APPLICATION FOR A FLORIDA DEATH RECORD

Date: _____ Initials: _____
 Receipt #: _____
 Audit #: _____ to _____

Duval County Health Department
Vital Statistics
900 University Blvd. N.
Jacksonville, Florida 32211 (904) 253-1620

TYPE OR PRINT

NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST	SEX	
SOCIAL SECURITY NUMBER (if known)		DATE OF DEATH - MONTH	DAY	YEAR (4 DIGIT)	IF YEAR NOT KNOWN, SPECIFY RANGE OF YEARS TO SEARCH
FLORIDA	PLACE OF DEATH - CITY	COUNTY (REQUIRED)		DEATH FILE NUMBER (if known)	
NAME AND ADDRESS OF FUNERAL HOME	NAME		ADDRESS (CITY)		

IMPORTANT: Read the entire application form before completing. Cause of death is confidential. To obtain and use a Florida death record under false or fraudulent purposes is a third-degree felony, punishable by the terms and conditions set forth in Florida Statutes.

	Quantity	Amount
A fee of \$12.00 entitles the applicant to one certification of the death record.		
Is this a fetal death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need cause of death on this first certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	1	\$12.00

			Quantity	Amount
	W/ Cause Of Death	W/out Cause of Death		
Additional copies are \$6.00 each when ordered with this request	<input checked="" type="checkbox"/>		+	= \$

ADDITIONAL YEAR(S) SEARCH: a fee of \$2.00 per year. Maximum search fee is \$50.00 regardless of the total number of years to be searched. (NO SEARCHES BY MAIL)	Indicate Number of Years to be searched in 2 nd box	\$2.00	<input checked="" type="checkbox"/>	+	= \$
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CERTIFIED MAIL CHARGE (for all requests by mail*) (PER MAIL REQUEST)

\$5.54

TOTAL AMOUNT ENCLOSED: Money Order _____ Cashiers Check _____ payable to **Duval County Health Department** in U.S. Dollars **(DO NOT SEND CASH) (No Personal or Business Checks)**

\$

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE NUMBER	FUNERAL HOME OF RECORD <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF PERSON REPRESENTED
	STATE RELATIONSHIP TO DECEDENT	SIGNATURE OF APPLICANT		
HOME PHONE NUMBER ()	RESIDENCE STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY		STATE	ZIP CODE

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

[] Check this block if certification(s) to be mailed to a different address. Space is provided at the end of this application for the name and address of the person to whom the death certificates are to be mailed.

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY: Death registration was not required by state law until 1917, however there are some records on file at the State Office of Vital Statistics dating back to 1877.

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.

WITH CAUSE OF DEATH INFORMATION: Death records with the cause of death information 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 include signature of the applicant, state his or her 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 associated with the funeral home listed on the death record, or attorney representing an eligible person listed above must include their signature, professional license number, and the name and relationship of the person they are representing. If you are a funeral director **not** associated with the funeral home listed on the death record, or an attorney not representing someone listed 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.

Cause of death information on death records over 50 years old is available to anyone completing an application and submitting the required fee.

NOTE: Florida clerks of court will not accept a death record with cause of death information 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.

***REQUESTS BY MAIL:**

All requests by mail must include a photocopy of one (1) valid form of identification (from the person who is applying for the certificate.

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
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY		STATE	ZIP CODE