



APPLICATION FOR A FLORIDA DEATH RECORD

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

TYPE OR PRINT

<u>NAME OF DECEASED</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>	<u>SEX</u>
<u>DATE OF DEATH</u>	<u>MM/DD/YYYY</u>	<u>DOB OF DECEASED</u>	<u>MM/DD/YYYY</u>	
<u>SOCIAL SECURITY NUMBER (IF KNOWN)</u>		<u>FUNERAL HOME</u>		
<u>PLACE OF DEATH</u> FLORIDA	<u>CITY</u>	<u>COUNTY</u>		

<u>Applicant's Name (PRINT)</u>	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (INCLUDING ANY SUFFIX)</u>		
<u>MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)</u>		<u>CITY</u>	<u>STATE</u>	<u>ZIP CODE</u>	
<u>PHONE NUMBER</u>	<u>RELATIONSHIP TO DECEASED</u>	<u>SIGNATURE OF APPLICANT</u>			
<u>IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.</u>	<u>IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT</u>				

# With Cause of Death: _____	# Without Cause of Death: _____
<u>\$13 PER DEATH CERTIFICATE</u>	

FOR OFFICIAL USE ONLY:

METHOD OF PAYMENT

CASH

CHECK

CREDIT CARD

MONEY ORDER

CLERK INITIALS: _____

INFORMATION AND INSTRUCTIONS

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:
 - ♂ **Decedent's spouse or parent;**
 - ♂ **Decedent's child, grandchild or sibling, if of legal age;**
 - ♂ **Any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent, OR**
 - ♂ **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.

UNIQUE COUNTY INFORMATION

Mail Application to:

DOH - Citrus County Vital Statistics
3700 W. Sovereign Path
Lecanto, FL 34461

Walk in:

Vital Statistics
3700 W. Sovereign Path
Lecanto, FL 34461
(352) 527-0068