APPLICATION FOR FLORIDA DEATH RECORD

Florida Department of Health in Broward County

Vital Statistics Department
780 SW 24 Street, Ft. Lauderdale, FL 33315-2643
(954)-467-4413

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)**	**Death certificates are available from 2009 to the present. Death certificates older than 2009 can be obtained from the State Office of Vital Statistics in Jacksonville at (904)359-6900 Ext. 9000.**		
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 (Maiden, if applicable)**	**SUFFIX**
SOCIAL SECURITY NUMBER (if known)		**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 (adult requesting certificate) 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	
CONTACT 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	

CERTIFICATES AND FEES – Certificates available for Florida deaths only

Description	Cost Each	Quantity	Total Cost
[ ] **Certified Copy With Cause-of-Death** (restrictions apply)	**$15.00**		
[ ] **Certified Copy Without Cause-of-Death** (public record)	**$15.00**		
[ ] **Letters (contagious / non-contagious)**	**$10.00**		
[ ] **Expedite Processing** (3 to 5 business days to process – returned by first class mail)	**$10.00**		
[ ] **Overnight Processing** (3 to 5 business days to process – returned by overnight delivery)	**$21.00**		
[ ] **Shipping and Handling Fee per application (U.S. Postal Delivery)**	**$ 1.00**		
Note: Expedite or Overnight Processing is for mail orders, and is per order (choose only one)		**TOTAL DUE:**	**$**

CREDIT CARD ORDERS ONLY – To be completed by credit card holder along with valid photo identification

Type: [ ] Visa [ ] MasterCard [ ] AmEx [ ] Discover	**Card Number:**			**Expiration:**
Full Name on Card:	First	Last	**CVV:**	
Cardholder's Address:	Street	City	State	Zip
Cardholder's Signature:				

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.

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

PAYMENT: Cash, Credit Cards, Money Orders, Cashier's Checks or Bank Drafts; **Personal Checks** accepted only from Broward, Miami-Dade, and Palm Beach counties (name, address, and phone number must be imprinted on the check); **Official Business Checks** (business name, address, and phone number must be imprinted on the check).
Make payable to: Florida Department of Health in Broward County
ADDRESS ON CHECK AND PHOTO IDENTIFICATION MUST BE THE SAME

MAIL ORDERS: Regular mail orders must include a self-addressed, stamped envelope, and take 10 to 14 business days to process. All mail orders must include a copy of an acceptable form of Identification. Do not send cash by mail.
Mail to: Florida Department of Health in Broward County

Vital Statistics Department
780 SW 24th Street, Ft. Lauderdale, FL 33315-2643

PHONE or INTERNET ORDERS: Requires the use of a credit card. Requires Expedite and either Regular or Overnight Processing. Must include a copy of an acceptable form of Identification; Phone (866) 830-1906 or Internet http://broward.floridahealth.gov/

Death certificates are available from 2009 to the present. Death certificates older than 2009 can be obtained from the State Office of Vital Statistics in Jacksonville at (904)359-6900 Ext. 9000.

In Person Only...
2421-A SW 6th Avenue
Fort Lauderdale, FL 33315

In Person Only...
4105 Pembroke Road
Hollywood, FL 33021

In Person Only...
205 NW 6th Avenue
Pompano Beach, FL 33060