

# APPLICATION FOR A FLORIDA DEATH RECORD

Florida Department of Health-Manatee County

Vital Statistics

410 6<sup>th</sup> Avenue East

Bradenton, Florida 34208



Office Hours: 7:30 am – 4:00 pm  
Monday thru Friday

Phone (941) 748-0747 ext 1222  
Fax (941) 714-7282

**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 <small>(Required <i>only</i> when exact year of death is <i>not</i> known)</small>
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 <small>(if applicable and if known)</small>	FIRST	MIDDLE	LAST	SUFFIX
SOCIAL SECURITY NUMBER <small>(if known)</small>	FUNERAL HOME NAME <small>(if known)</small>			

### 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 and provide photo identification such as driver license, state identification card, passport, or military identification;** if a funeral director or an attorney, you must enter the relationship of the person you represent and bar #. Eligibility requirements are provided on the back of this form.

Applicant's Name <small>TYPE OR PRINT</small>	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

### FEES

Description	Quantity	Cost - Each	Total
Certified Copy of Death Certificate WITH cause of death		X \$6.00	
Certified Copy of Death Certificate WITHOUT cause of death		X \$6.00	
Federal Express Mail Service ( NO WEEKEND DELIVERY SERVICE)		\$15.00	
	<b>GRAND</b>	<b>TOTAL :</b>	

**CREDIT CARD ORDERS: Must provide if faxing application**

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Credit Card Number	Expiration Date	Amount to be charged:
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Date of request \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_      Staff Initials \_\_\_\_\_

Safety Paper Numbers Issued: \_\_\_\_\_