APPLICATION FOR A FLORIDA DEATH RECORD

Florida Department of Health - Hardee County
115 K.D. Revell Road
Wauchula, Florida 33873-2051
(863) 773-4161

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
(Required if when exact year of death is not known)
Indicate the range of years to be searched

PLACE OF DEATH
PLACE OF DEATH CITY OR TOWN
PLACE OF DEATH COUNTY
STATE FILE NUMBER
(Required only when exact year of death is not known)

NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD
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

Applicant’s Name
TYPE OR PRINT
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

SECTION C: COUNTY HEALTH DEPARTMENT FEE INFORMATION

Quantity
Amount
Method of Payment

With Cause $10.00 each = $

Without Cause $10.00 each = $

Plastic Sleeve $5.00 each = $

Total Amount Due $

For Office Use Only

Application: ___________________ Employee Initials: ____________ Date: ____________
Certificate(s): ___________________ Date: ____________
ID Provided: ___________________
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.

**COUNTY HEALTH DEPARTMENT NAME AND ADDRESS**

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Wauchula, Florida 33873-2051  
(863) 773-4161  
(863) 773-0978 fax