



1350 NW 14th Street # 101
 Miami, FL 33125
 Tel. #305-575-5030
 WALK-IN & MAIL ORDERS
 8:00 AM to 4:00 PM

APPLICATION FOR A FLORIDA DEATH RECORD (For Miami Dade County VITAL RECORDS Use Only)

18680 NW 67th Avenue
 Hialeah, FL 33015
 Tel. #305-628-7230
 WALK-IN ONLY
 8:00 AM to 4:30 PM

18255 Homestead Avenue
 Miami, FL 33157
 Tel. # 305-278-1046
 WALK-IN ONLY
 8:00 AM to 4:30 PM

Requirement for ordering: 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	ADDITIONAL YEARS TO BE SEARCHED
				Indicate the <u>range of years</u> to be searched (Required <u>only</u> when exact year of death is <u>not</u> known)
PLACE OF DEATH	PLACE OF DEATH CITY OR TOWN		PLACE OF DEATH COUNTY	STATE FILE NUMBER (if known)
	SOCIAL SECURITY NUMBER (IF KNOWN)		FUNERAL HOME NAME (IF KNOWN)	

NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD

(if applicable and if known)	FIRST	MIDDLE	LAST (Maiden, if applicable)	SUFFIX
------------------------------	-------	--------	------------------------------	--------

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 <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 No.	NAME OF PERSON REPRESENTED
		RELATIONSHIP TO DECEDENT

DO NOT MAIL CASH OR PERSONAL CHECK * MAKE MONEY ORDER PAYABLE TO: VITAL RECORDS**

FEE/ORDERING INFORMATION	FEE	Number of Copies	AMOUNT DUE
The fee for one certified copy of a Florida death record is \$ 20.00.	\$20.00	X 1 =	\$20.00
When purchased at the same time, additional copies of the identical death record are \$ 16.00 each.	\$16.00	X =	\$
How many with cause of death:	Non contagious letter (funeral home only)		
How many with/out cause of death:	YES	NO	
RUSH ORDERS (Optional): \$10.00 per order. This option provides quick processing within the Office of Vital Records only.	YES	NO =	\$
TOTAL AMOUNT ENCLOSED: Certified checks or Money Orders only payable to <u>Vital Records</u> in US dollars. (PLEASE DO NOT SEND CASH). Mail completed applications to: Vital Records Unit, 1350 NW 14 th Street #101, Miami, FL 33125.		=	Total Due

FOR MAILING CREDIT CARD USERS ONLY (Applicant's Name must match with Name on Credit Card) ID required

Only accepted:	Visa	Mastercard	Expiration:	
Card Number:			Card Holder's Name:	

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.

MAILING INFORMATION

MAIL THIS APPLICATION WITH YOUR PAYMENT TO:
(PHOTO ID REQUIRED, NO PERSONAL CHECK ACCEPTED)

Mail to: Florida Department of Health

VITAL RECORDS UNIT

1350 NW 14th STREET, SUITE 101

MIAMI, FL 33125

VISIT OUR WEBSITE AT:

[HTTP://MIAMIDADE.FLORIDAHEALTH.GOV/CERTIFICATES/INDEX.HTML](http://MIAMIDADE.FLORIDAHEALTH.GOV/CERTIFICATES/INDEX.HTML)