

APPLICATION FOR A FLORIDA DEATH RECORD



(For Miami-Dade County Health Department Use Only)

LOCATIONS:	VITAL RECORDS UNIT 1350 NW 14 th Street, #101 Miami, Florida 33125 Tel. # 305-324-2489	VITAL RECORDS UNIT 18680 NW 67 th Avenue Miami, Florida 33015 Tel. # 305-628-7227	VITAL RECORDS UNIT 18255 Homestead Avenue Miami, Florida 33157 Tel. # 305-278-1046
HOURS:	8:00 AM to 4:00 PM	8:00AM to 4:30 PM	8:00AM to 4:30 PM
APPLICANTS:	WALK-IN AND MAIL APPLICANTS	WALK-IN APPLICANTS ONLY	WALK-IN APPLICANTS ONLY

DECEASED INFORMATION				
NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST (Include Suffix)	SEX
SOCIAL SECURITY NUMBER (if known)	DATE OF DEATH	MONTH	DAY	YEAR (4 DIGITS)
PLACE OF DEATH	STATE** FLORIDA	COUNTY (REQUIRED)	CITY	
NAME AND ADDRESS OF FUNERAL HOME	NAME		ADDRESS (CITY)	

IMPORTANT: Read the entire application form before completing. Cause of death information is confidential. To obtain and use a Florida death record under false pretenses or for fraudulent purposes is a third-degree felony punishable by the terms and conditions set forth in Florida Statutes.

FEE/ORDERING INFORMATION	Fee	X	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		=	\$
Do you need the Cause of Death on this Certificate?*	<input type="checkbox"/> Yes <input type="checkbox"/> No				
RUSH ORDERS (Optional): \$10.00 per order. This option provides quick processing within the Office of Vital Records only.	<input type="checkbox"/> Ye <input type="checkbox"/> No = \$				
TOTAL AMOUNT ENCLOSED: Certified checks or Money Orders only payable to Vital Records 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 \$

APPLICANT INFORMATION				
Applicant's Name	FIRST	MIDDLE	LAST	SUFFIX
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE NUMBER	FUNERAL HOME OF RECORD? <input type="checkbox"/> Ye <input type="checkbox"/> No	NAME OF PERSON REPRESENTED	
STATE RELATIONSHIP TO DECEASED	SIGNATURE OF APPLICANT			
TELEPHONE NUMBER (HOME) ()	MAILING ADDRESS			
TELEPHONE NUMBER (WORK) ()	CITY		STATE	ZIP CODE

FOR MAILING CREDIT CARDS USERS ONLY- Applicant's Name Must Match with Name on Credit Card	
Credit Cards: Visa [] Master Card [] Card Number _____	Expiration: ____ / ____ / ____
Cardholder's Name: _____	CardHolder's Signature: _____
Billing Address: (Street) _____	(City) _____ (State) _____ (Zip) _____

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY: Death registration was not required by state law until 1917; however there are some records on file at the State Office of Vital Statistics dating back to 1877. Currently, the Miami-Dade County Health Department has records dating back to approximately one year. To obtain a certified copy of earlier death records, please contact the State Office of Vital Statistics.

ELIGIBILITY:

WITHOUT CAUSE OF DEATH: Any person of legal age (18) may be issued a certified copy of a death record without the cause of death.

WITH CAUSE OF DEATH INFORMATION: Death records with the cause of death information may only be issued to the following individuals: the decedent's spouse or parent; to the decedent's child, grandchild or sibling, if of legal age; to any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent or to any person who provides documentation that he or she is acting on behalf of any of the above named persons. All requests for certification of a death certificate, that includes the cause of death information, must include signature of the applicant, state his or her qualifying eligibility by providing documents showing relationship or a notarized Affidavit to Release Cause of Death Information (DOH Form # 1959), which is available upon request. If after reading the above information, you are still uncertain regarding your eligibility for cause of death information, please call the Miami-Dade County Health Department's Office of Vital Records at 305-324-2489 for assistance.

The funeral director associated with the funeral home listed on the death record, or attorney representing an eligible person listed above must include his/her signature, professional license number, and the name and relationship of the person he/she is representing. If you are a funeral director **not** associated with the funeral home listed on the death record, or an attorney not representing someone listed above as eligible to receive cause of death information, then a completed Affidavit to Release Cause of Death Information (DH Form 1959) must accompany this request.

Cause of death information on death records over 50 years old is available to anyone completing an application and submitting the required fee. To obtain a certified copy of such older death records, please contact the State Office of Vital Statistics at 904-359-6900 or via the internet at http://www.doh.state.fl.us/planning_eval/vital_statistics/.

NOTE: Florida clerks of court will not accept a death record with cause of death information when filing probate.

NONREFUNDABLE: Miami-Dade County Health Department fees for vital records are nonrefundable.

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 needed especially for common names.

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

RELATIONSHIP TO DECEDENT: When cause of death information is requested, this item must be completed (see cause of death information above).

PROPER IDENTIFICATION: When cause of death information is requested, proper identification is required such as a driver's license, state identification card, passport or military identification card.

MAIL THIS APPLICATION WITH YOUR PAYMENT TO:

MIAMI-DADE COUNTY HEALTH DEPARTMENT
VITAL RECORDS UNIT
1350 NW 14th STREET, #3
MIAMI, FL 33125