

APPLICATION FOR A FLORIDA DEATH RECORD – FUNERAL HOME USE



Sarasota County Health Department
 941-861-2555 (SRQ) 941-861-2584 (SRQ Fax)
 941-861-3528 (VEN) 941-861-3290 (VEN Fax)

TYPE OR PRINT

NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST	SUFFIX
SEX	Date of Death			COUNTY OF DEATH (REQUIRED) SARASOTA
FUNERAL HOME	Funeral Home Name		Funeral Home Telephone	FUNERAL HOME LICENSE #
FUNERAL HOME	Funeral Home Address		Funeral Home City, State, Zip	

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

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.

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: 1) the decedent's spouse or parent; 2) to the decedent's child, grandchild or sibling, if of legal age; 3) 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 4) 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), is available upon request. If you are a funeral director or attorney representing a family member, include your professional license number and the name of the person you are representing along with their relationship to the decedent.

APPLICANT'S SIGNATURE/RELATIONSHIP: Applicant's signature, relationship, his/her name, residence address & telephone number.

FEE	Number of copies With Cause	Number of copies W/O COD	Total Amount
\$10.00	_____	_____	\$ _____

<i>Name of Funeral Director Requesting DC's:</i>					
<i>Name of Applicant: (FH is Requesting on Behalf of)</i>					
APPLICANTS RELATIONSHIP TO DECEDENT	APPLICANTS ADDRESS , CITY	STATE	ZIP CODE		
SIGNATURE OF FUNERAL DIRECTOR:					
VITAL RECORDS OFFICE USE ONLY				DATE	
RECEIPT	SAFETY PAPER CONTROL NUMBERS				