



# APPLICATION FOR A FLORIDA DEATH RECORD

Florida Department of Health in St. Johns County  
 Office of Vital Statistics  
 200 San Sebastian View  
 St. Augustine, FL 32084  
 Hours of Operation: Monday-Friday 8:00 a.m. - 4:30 p.m.  
 904-209-3250, x1001

**Read the FRONT AND BACK of this application:** Anyone may apply for a death certification. When cause of death information is 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 and back, **MUST** be provided; **AND** the applicant **OR** person being represented must be an eligible person as outlined in statute (see Eligibility the 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 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 <u>only</u> when exact year of death is <u>not</u> 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 (Maiden, if applicable)	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 (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 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

Any death event that occurred before 2009 should be requested from the state Office of Vital Statistics P.O. Box 210 Jacksonville, FL 32231

Number of Florida Death Certifications Ordered <b>(Cause)</b>	_____ @	\$10.00	each	_____	<b>Total Owed</b>
Number of Florida Death Certifications Ordered <b>(Without Cause)</b>	_____ @	\$10.00	each	_____	

\* Payable to **Florida Department of Health in St. Johns County**

\* Send mail order requests to: Vital Statistics, 200 San Sebastian View, Suite 1322, St. Augustine, FL 32084

**Mail / Rush Fee \$10.00**

**(We Do Not Accept Personal Checks. To Pay By Credit Card, Please Enclose CC Authorization)**

**Grand Total** \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

ID #	EXP. DATE:
Safety Paper Numbers	Cash__ Visa__ Mastercard__
Cause: Beginning _____ End _____	Cashier Ck # _____ CDR/DR: _____
W/O Cause: Beginning _____ End _____	Money Order # _____ AFS: _____

## 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.

**MAIL REQUESTS:** Mail the completed application, money order or credit card authorization form and valid photo identification. ALL certifications are sent via UPS Express. **Please include the \$10.00 mail fee with your payment (NO PERSONAL CHECKS)**

**MAIL THIS APPLICATION WITH PAYMENT TO:**  
Florida Department of Health in St. Johns County  
200 San Sebastian View, Suite 1322  
St. Augustine, FL 32092

**PLEASE VISIT OUR COUNTY WEBSITE AT:**  
**[stjohns.FloridaHealth.gov](http://stjohns.FloridaHealth.gov)**