



Florida Department of Health  
Bureau of Vital Statistics  
[www.floridahealth.gov/certificates](http://www.floridahealth.gov/certificates)

## APPLICATION FOR FLORIDA DEATH OR FETAL DEATH CERTIFICATE

### Applicant Information (Eligibility Requirements on Reverse Side)

*Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on an 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.*

Applicant's Name: \_\_\_\_\_  
(Person requesting the record)

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ email: \_\_\_\_\_

Relationship to Person on Death Record: \_\_\_\_\_ Signature: \_\_\_\_\_

***VitalChek.com is the ONLY online vendor approved by the Florida Department of Health, Bureau of Vital Statistics to assist customers in completing the application process. Be cautious when sharing personal information online with unknown entities and maintain appropriate security on computers and electronic devices.***

If applicant is an attorney or funeral director, provide name of client you represent: \_\_\_\_\_

client's relationship to decedent: \_\_\_\_\_, and your bar/professional license #: \_\_\_\_\_

### Information for Death Search

Full Name on Death Record: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Death (If unknown, range of years): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Death (City/County): \_\_\_\_\_ Surviving Spouse: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Funeral Home Name: \_\_\_\_\_

### Ordering Information (Eligibility Requirements for Cause of Death on Reverse Side)

Normal processing time for computer certificates (2009 to present) is 3-5 business days. Records prior to 2009 will be issued as a photocopy certificate and will require additional processing time.

Check appropriate box:

WITH Cause of Death

WITHOUT Cause of Death

Mail Fee

Fee		Quantity		
\$10.00	X		=	
\$10.00	X		=	
\$1.00	X		=	
			=	
			=	
Total Amount Enclosed				

**APPLICANT'S VALID PHOTO IDENTIFICATION REQUIRED WHEN REQUESTING CAUSE OF DEATH (see list on reverse side). A \$5 search fee is included in all orders and is non-refundable. If no record is found, a certified "No Record Found" statement will be issued. Application must include signature of eligible applicant when cause of death is requested.**

**INFORMATION AND INSTRUCTIONS FOR  
FLORIDA DEATH OR FETAL DEATH CERTIFICATE APPLICATION**  
**If you need assistance, please contact our Vital Records Section at 904-359-6900 ext. 9000**

**AVAILABILITY:** Some death records are on file dating back to 1877, but not all events were registered.

**FETAL DEATH:** A fetal death of 20 or more weeks' gestation, otherwise known as a stillbirth, shall be registered in accordance with Florida Statutes. Any applicant of legal age (18) may obtain a certificate of the non-confidential portion of the record, however, the information relating to cause of fetal death, parentage, marital status, and medical information are confidential for 100 years and may only be issued to the parent(s) named on the fetal death, sibling(s), or by court order.

**SOCIAL SECURITY NUMBER (Section 119.071, Florida Statutes):** Social security numbers held by the Department of Health on death certificates are confidential and will only be issued to an eligible person requesting a confidential record, regardless of the date of death. Therefore, the first five digits of the decedent's social security number will be redacted when issuing a public record request.

**ELIGIBILITY (Section 382.025, Florida Statutes):**

**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 on the record.

**CAUSE OF DEATH INFORMATION:** Cause of Death for a death record over 50 years old may be issued to any applicant of legal age. Death records less than 50 years old with the cause of death information included may only be issued to:

1. The decedent's spouse or parent
2. 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 an interest in the estate of the decedent
4. To any person who provides documentation that he or she is acting on behalf of any of the above-named persons
5. By court order

All requests for a death certificate that includes the cause of death information must state the qualifying eligibility or be accompanied with a notarized Affidavit to Release Cause of Death Information form (DH 1959) signed by an eligible person (form is available on our website) and a copy of valid photo identification of both the person authorizing release and the applicant.

If requesting cause of death, the funeral home of record 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 funeral home is not representing an eligible person or not the funeral home of record, then a completed Affidavit to Release Cause of Death Information form (DH 1959) must accompany the request.

**SPECIAL NOTE:** Florida Clerk of Circuit Court will not accept a death record with "cause of death information included" when filing probate.

**UNKNOWN DATE OF DEATH:** If date of death is unknown, the entire year specified will be searched. If the year is unknown, specify the span of years to be searched (Example: 1970 to present) and include payment of \$2.00 per year for each year to be searched. Maximum fee is \$50.00 regardless of the number of years to be searched.

**REQUIREMENT FOR ORDERING:** Eligible applicant must provide a completed application. A copy of a valid photo identification and any supporting documentation is required when requesting the cause of death portion.

**ACCEPTABLE FORMS OF IDENTIFICATION:** Driver License, State Identification Card, Passport, Military Identification Card. A foreign issued driver license, identification card, consular card, or Matricula card require two additional forms of identification, such as a vehicle title or registration, health insurance card, employment ID, school ID, tax document, or mail with current address.

**FEES:** Check or Money Order Payable to: Vital Statistics. DO NOT SEND CASH. International payments must be made by Cashier's Check or Money Order in U.S. Dollars drawn upon a U.S. Bank. Florida Law imposes an additional service charge of \$15.00 for dishonored checks. Fees are nonrefundable, except fees paid for additional copies when no record is found. These may be refunded upon written request.

**OPTIONS FOR ORDERING:**

**CREDIT CARDS:** The Bureau of Vital Statistics currently does not accept credit cards by phone or mail, if you wish to order by credit card, you may contact VitalChek, our only approved vendor. VitalChek charges an additional processing fee of \$7.00 in addition a \$10.00 Rush Fee charged by the Bureau of Vital Statistics. Expedite shipping is available for an additional fee. VitalChek may be reached by telephone at 1-877-550-7330, by fax at 1-877-550-7428, or online at VitalChek.com.

**MAIL IN:** Normal processing time is 3-5 business days for computer certificates (2009 to present). Photocopy certificates (records prior to 2009) require additional processing time. If requesting RUSH service mark the outside of your envelope "RUSH". Rush Orders are given priority processing. Expedite shipping is NOT included in rush fee. All orders are mailed Standard U.S. Postal delivery unless a special prepaid express delivery envelope is provided.

**WALK-IN SERVICE:** Visit 1217 North Pearl Street, Jacksonville, Florida, between 8:00 am – 4:30 pm. Eligible applicants must present a valid ID when requesting confidential records. Photocopy certificates (records prior to 2009) require the \$10 rush fee and may not be available for same day service.

**MAIL THIS APPLICATION WITH PAYMENT TO:**

**FLORIDA DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS**

**ATTN: VITAL RECORDS SECTION**

**P.O. BOX 210**

**JACKSONVILLE, FL 32231-0042**

Express Mail and Courier Deliveries to: 1217 North Pearl Street, Jacksonville, Florida, 32202

**PLEASE VISIT OUR WEBSITE:**

[www.floridahealth.gov/certificates](http://www.floridahealth.gov/certificates)