Print Form Reset Form

State of Florida
Department of Health - Office of Vital Statistics
APPLICATION FOR FLORIDA DEATH OR FETAL DEATH RECORD
(FOR APOSTILLE or EXEMPLIFIED CERTIFICATION)

The Office of Vital Statistics does not forward records to the Department of State (DOS) for the DOS Apostille/Exemplified Certification process. If an apostille or exemplified certification from the DOS is needed, forward the record received from this application to the DOS. See the back of this application for DOS's mailing, street and website addresses and telephone number. Use this application when requesting certification from our office to ensure the correct certification needed for forwarding to the DOS for the apostille/exemplified certification process.

Read the FRONT AND BACK OF this application: 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 copy of valid photo ID must accompany this application AND the applicant OR person being represented must be an eligible person as outlined in statute (see Eligibility on the reverse 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. 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. If a funeral home or an attorney, see additional information under Eligibility on reverse side of this form to ensure proper completion of this application.

SECTION A - INFORMATION ON TYPE OF RECORD AND DECEDENT PLEASE CHECK APPROPRIATE BOX: ☐ DEATH ☐ FETAL DEATH

NAME OF DECEDENT	**FIRST**		**MIDDLE**	**LAST**	**SUFFIX**
ALIAS NAME(IF APPLICABLE)			**IF MARRIED AND APPLICABLE, PRIOR SURNAME (If known)**		
DATE OF DEATH	**MONTH**	**DAY**	**YEAR (4-DIGIT)**	**STATE FILE NUMBER (If known)**	**SEX**
ADDITIONAL YEARS TO BE SEARCHED (Required *only* when exact year is *not* known)	**Below indicate the range of years to be searched**		**PLACE OF DEATH CITY OR TOWN (If not known, enter Unknown)**	**COUNTRY WHERE CERTIFICATION TO BE USED (Required to ensure you receive the correct type of certification)**	
NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD (if applicable and if known)	**FIRST**		**MIDDLE**	**LAST (Maiden, if applicable)**	**SUFFIX**
SOCIAL SECURITY NUMBER (If known)			**FUNERAL HOME NAME(If known)**		

SECTION B – FEES & PAYMENT: A *RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON-REFUNDABLE SEARCH FEE OF $5.00*

1St CERTIFICATION - Fee of $5.00 entitles applicant to ONE certification. Check appropriate box: ☐ Without Cause of Death ☐ With Cause of Death (See Eligibility on the reverse side of this form)	$5.00	X	1	=	$5.00
Additional Computer Certifications WITHOUT Cause of Death: $4.00 for each subsequent certification	$4.00	X		=	
Additional Computer Certifications WITH Cause of Death (See Eligibility on the reverse side of this form): $4.00 for each subsequent certification	$4.00	X		=	
Additional Years to be Searched: Required *only* when exact year is *not* known $2.00 for each additional year. The maximum additional year search fee is $ 50.00 regardless of the total number of years to be searched.	$2.00	X		=	

RUSH ORDERS (Optional): RUSH Fees are an additional $10.00.
If you desire RUSH service, mark the outside of your envelope **"RUSH"** (*Processing time within our office for Rush Service is 2-3 business days; routine processing time within our office is 4-6 business days.)*

Check here for RUSH Order ☐ $

TOTAL AMOUNT ENCLOSED: Check or Money Order Payable to: Vital Statistics. **(DO NOT SEND CASH)**
International payments should be made by Cashiers Check or Money Order in U. S. Dollars.
Florida Law imposes an additional service charge of $15.00 for dishonored checks.

ENCLOSE COPY OF VALID PHOTO IDENTIFICATION IF CAUSE OF DEATH REQUESTED OR YOUR ORDER WILL NOT BE COMPLETED $

SECTION C – APPLICANT/MAILING 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.

Applicant's Name **TYPE OR PRINT**	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)		Applicant Signature
If Funeral Director OR Attorney listed as Applicant and requesting Cause of Death Information	LICENSE/BAR NUMBER		NAME OF PERSON YOU ARE REPRESENTING
If requesting cause of death, state your relationship (OR if a funeral director or an attorney, the relationship of the person you are representing) to the decedent.	RELATIONSHIP TO DECEDENT		
HOME PHONE NUMBER	ADDRESS FOR MAILING *(BE SURE TO INCLUDE ANY BUILDING OR APARTMENT NUMBER.)*		
ALTERNATE PHONE NUMBER	CITY	STATE	ZIP CODE

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

SHIP TO NAME **TYPE OR PRINT**	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	
HOME PHONE NUMBER	SHIP TO STREET ADDRESS (AND APT. NO. IF APPLICABLE)			
WORK PHONE NUMBER	CITY		STATE	ZIP CODE

INFORMATION AND INSTRUCTIONS APPLICATION FOR FLORIDA DEATH RECORD (FOR APOSTILLE or EXEMPLIFIED CERTIFICATION)

An apostille is a certification provided under the Hague convention of 1961 for authenticating documents for use in foreign countries. An exemplified certification covers those countries which did not sign the Hague Treaty. The sole function of the apostille or exemplified certificate is to certify the authenticity of the signature on the document. In Florida, the apostille or exemplified certificate contains the original signature of the State Registrar and the Secretary of State.

Once the certification is obtained, it should be forwarded to the Florida Department of State (DOS) for the Apostille/Exemplified Certification of the signature of Florida's State Registrar. The address for mailing to the DOS is: Department of State, Division of Corporations, Apostille Certification, P.O. Box 6800, Tallahassee, FL 32314-6800; telephone (850) 245-6945. For walk-in service or courier delivery, the address is Department of State, Division of Corporations, Apostille Certification, Clifton Building, 2661 Executive Center Circle, Tallahassee, FL 32301. See the website at www.dos.state.fl.us for information regarding their requirements, processing time, fees, etc. To access the correct area on the website, select Corporations, then Apostilles. Be sure to provide the name of the country where the certification is needed.

AVAILABILITY: There are some records are on file dating back to 1877 but not all events were registered.

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 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 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,
- to any person who provides documentation that he or she is acting on behalf of any of the above named persons, OR
- by court order

All requests for certification of 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 (DH Form 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 you are uncertain about eligibility for cause of death information, call (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 Form 1959, available on our website) must accompany this request.

DATE OF DEATH NOT KNOWN: If date of death is unknown, the entire year specified will be searched. If the year is unknown and more than one year is to be searched, specify the span of years to be searched (Example: 1970 to present) and pay $2.00 per year for each year to be searched.

PROCESSING TIME: Normal response time within our office is 4-6 business days; however, the processing time can exceed this timeframe.

OPTIONS FOR RUSH SERVICE:

- **CREDIT CARDS:** The state office currently does not accept credit cards but there is a private firm that accepts such charges and transfers the order to Vital Statistics for a fee of $7.00 plus a $10.00 Rush Fee charged by the State Office. Telephone 1-877-550-7330 or fax the request to the private firm at 1-877-550-7428. Call (904) 359-6900 and follow the prompts on the telephone system to be transferred free of charge to the contracted vendor. For questions, please call the Office of Vital Statistics at (904) 359-6900, ext. 9000 and our Customer Services personnel will be able to assist you.
- **MAIL IN:** Orders marked RUSH and with $10 rush fee included with the search fee, will be processed within our office within 2-3 days. Certification(s) will be mailed 1st class mail UNLESS a prepaid self-addressed special mailing envelope is included with your request. If choosing 1st class mail, including a self-addressed stamped envelope with your request is appreciated.
- **WALK-IN SERVICE:** Is available at **1217 North Pearl Street.** Orders prepaid before noon may be picked up after 3:30p.m the same day. Orders prepaid after noon may be picked up after 10:00 a.m. the next business day.

FEES ARE NONREFUNDABLE: If no record is found, a "Not Found" statement will be issued. Fees are nonrefundable, except fees paid for additional copies when no record is found. These are refunded on written request.

MAIL THIS APPLICATION WITH PAYMENT TO:

DEPARTMENT OF HEALTH

OFFICE OF VITAL STATISTICS

ATTN: APOSTILLE UNIT

P.O. BOX 210,

Jacksonville, FL 32231-0042

(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

PLEASE VISIT OUR WEBSITE

www.FloridaVitalStatisticsOnline.com