



# APPLICATION FOR AMENDMENT TO FLORIDA DEATH OR FETAL DEATH RECORD

**IMPORTANT: Read the entire application form before completing  
TYPE OR PRINT**

**Requirement for ordering cause of death:** If you are an eligible applicant (See ELIGIBILITY), complete and sign this application, state relationship and provide photo identification. Depending on relationship, additional documentation supporting need for cause of death information may be required, refer to ELIGIBILITY. If applicant is not an eligible person, Affidavit to Release Cause of Death, DH Form 1959, must be completed and signed by an eligible person before a notarizing official and submitted in addition to this application form. Acceptable forms of photo identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

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

NAME OF DECEDENT/ INFANT	FIRST	MIDDLE	LAST	SEX
DATE OF DEATH	MONTH	DAY	YEAR (4 DIGIT)	
PLACE OF DEATH	CITY or TOWN		COUNTY	<b>FLORIDA</b>

**SECTION B – FEES & PAYMENT**

**Fees are nonrefundable**

<b>MEDICAL AMENDMENT:</b> (Refer to section in Instructions entitled Medical Amendment for description). No amendment fee required; however, if certification of amended record desired, fee of \$5.00 is required for 1 <sup>st</sup> copy. Do you need cause of death on this first certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fee \$5.00	Quantity 1	Amount
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<b>NON-MEDICAL AMENDMENT: \$20.00</b> (Includes search and one certification of amended record) Any change to a record other than those defined in the section in Instructions entitled Medical Amendment in considered a Non-Medical Amendment. Do you need cause of death on this first certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$20.00	Quantity 1	Amount
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Additional copies are <b>\$4.00 each</b> when ordered with this request	\$4.00	X	Number With Cause	+	Number Without Cause	=	
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**RUSH ORDERS** (Optional): RUSH Fees are an additional \$10.00. *Check here for RUSH Order*

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.)  \$

<b>TOTAL AMOUNT ENCLOSED:</b> Check or Money Order Payable to: Vital Statistics. <b>(DO NOT SEND CASH)</b> International payments should be made by Cashier's Check or Money Order in U. S. Dollars. <i>Florida Law imposes an additional service charge of \$15.00 for dishonored checks.</i>	<b>ENCLOSE COPY OF VALID PHOTO IDENTIFICATION IF CAUSE OF DEATH REQUESTED OR YOUR ORDER WILL NOT BE COMPLETED</b>
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**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 <b>TYPE OR PRINT</b>	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 (Including Area Code)	ADDRESS FOR MAILING (BE SURE TO INCLUDE ANY BUILDING OR APARTMENT NUMBER.)			
ALTERNATE PHONE NUMBER (Including Area Code)	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 <b>TYPE OR PRINT</b>	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 FOR DEATH AMENDMENT APPLICATION

**Statute/Rule references may be accessed through the website address at the bottom of this form**

**SOCIAL SECURITY NUMBER (Section 119.071 Florida Statutes):** Social security numbers held by the Department of Health are confidential and will only be issued to an eligible party listed below, 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 records request.

**CAUSE OF DEATH INFORMATION:** Pursuant to s. 382.025, Florida Statutes, except for those deaths occurring over 50 years ago, cause of death information is confidential pursuant to Florida law and may only be issued as indicated in the section below. Cause of death information on death records over 50 years old or a death certificate without cause of death is available to anyone of legal age (18) completing an application and submitting the required fee. However; the first five numbers of the social security number will be redacted. Any questions, please contact the Vital Records Section at 904-359-6900 ext. 9000.

**ELIGIBILITY:** Death records with the cause of death information may only be issued to the following individuals:

- The decedent's spouse or parent; 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 before named persons; or
- Court order.

**REQUIREMENTS FOR OBTAINING CAUSE OF DEATH INFORMATION:** Except for a legal representative such as an attorney or funeral director, 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 AND provide photo identification. If you are a funeral director or attorney representing an eligible person as listed above, include your professional license or bar number and the name and relationship of the person you are representing. If you are not one of the persons listed above, you may only obtain cause of death information by submitting an affidavit signed by an eligible person before a notarizing official or by court order. A form entitled Affidavit To Release Cause of Death Information, DH Form 1959, is available upon request from this office, most local vital statistics offices within the county health department and our website.

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.

**NOTE:** If needed for filing probate, be aware that Florida clerks of court will not accept a death record with cause of death shown.

**MEDICAL AMENDMENT:** Includes cause of death, manner of death, date of death, hour or time of death, place of death (other than street address).

**MISSING DATA:** A search cannot be made without the decedent's name and year. If any of the other items requested on the front of this form are unavailable, some other identifying information (such as parents' names, birthplace, etc) may be helpful if multiple records are found for common names.

**RESPONSE TIME:** Response time for processing an amendment varies depending upon our workload at the time your request is received. Generally, an amendment is completed and certification(s) issued within two to three weeks. RUSH processing is available to those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; no amended certificate can be issued until all required evidence, forms, applicable fees and appropriate signatures have been received and meet the criteria as established in rules of the department.

**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**

**P.O. BOX 210,**

**Jacksonville, FL 32231-0042**

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

**PLEASE VISIT OUR WEBSITE**

**[www.FloridaVitalStatisticsOnline.com](http://www.FloridaVitalStatisticsOnline.com)**