



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

**APPLICATION FOR AMENDMENT TO 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:** \_\_\_\_\_

If Attorney or Funeral Director, provide name of client you represent: \_\_\_\_\_, their client's relationship to decedent: \_\_\_\_\_, and your bar/professional license #: \_\_\_\_\_

**Information for Death Search**

Select Record Type:  Death  Fetal Death

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: \_\_\_\_\_

**Amendment Type (See Instructions on Back)**

CHECK TYPE OF AMENDMENT:  Non-Medical (Requires \$20 fee)  Medical (Does NOT require \$20 fee)

**Non-Medical Amendment Only (includes first certificate)**

WITHOUT Cause of Death  WITH Cause of Death

**Medical Amendment Only (first certificate)**

WITHOUT Cause of Death  WITH Cause of Death

**Additional Certificates WITHOUT Cause of Death:** \$4.00 each

**Additional Certificates WITH Cause of Death:** \$4.00 each

**Rush Order (Optional):** Rush orders are given priority processing and require an additional \$10 fee. Mark the outside of your envelope **"RUSH"**. Expedite shipping is NOT included.

Fee		Quantity	=	
	X		=	
	X		=	
	X		=	
	X		=	
	X		=	
<b>Total Amount Enclosed</b>				

**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.

# INFORMATION AND INSTRUCTIONS FOR AMENDMENT TO FLORIDA DEATH OR FETAL DEATH CERTIFICATE APPLICATION

If you need assistance, please contact our Records Amendments Section at 904-359-6900 ext. 9005

**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 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 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 any 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 (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 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 not representing an eligible person or if not the funeral home of record, then a completed Affidavit to Release Cause of Death Information (DH Form 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.

**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 may be refunded upon written request.

**MAIL THIS APPLICATION WITH PAYMENT AND COPY OF VALID ID TO:**

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
ATTN: CORRECTIONS UNIT  
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)