



AFFIDAVIT TO RELEASE CAUSE OF DEATH INFORMATION

ATTENTION: This form must be completed in the presence of a Notary Public

State of: _____

County of: _____

AFFIDAVIT TO RELEASE CAUSE OF DEATH INFORMATION

Pursuant to section 382.025, Florida Statute, Death Certificates with cause of death information may only be issued to the decedent's spouse, parent, or to the decedent's child, grandchild, or sibling, if of legal age (18), or to any person who provides a will, insurance policy, or other document that demonstrates his or her interest in the estate of the decedent, or to any person who provides documentation that he or she is acting on behalf of the above-stated persons.

NOTE: To obtain and use a Florida death record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

BEFORE ME, the undersigned authority, personally appeared _____
(Print name of person giving an affidavit) (1)

who after being duly sworn and deposes:

My name is _____. I am authorized by law to receive the death certificate including
(Print name of person giving an affidavit) (2)

cause of death information of _____. I am the (check applicable box):
(Print Decedent's Full Name) (3)

- ____ Surviving spouse listed on the death certificate
- ____ Parent(s) listed on the death certificate
- ____ Child of the decedent
- ____ Sibling of the decedent
- ____ Legal representative of one of the above named. *Enclose copy of legal representation.*
- ____ Other: Specify: _____ *Enclose copy of legal representation.*

I hereby authorize the Department of Health, Office of Vital Statistics to issue the death certificate with cause of death of:

_____ to _____
(Print decedent's full name) (4) (Print name of person authorized to receive death certificate with cause of death included) (5)

FURTHER AFFIANT SAYETH NAUGHT

I hereby swear or affirm the above statements are true and correct.

Signature of person authorized to release death certificate with cause of death (6)

Subscribed and sworn before me this _____ day of _____, 20__ by

_____, who is: ___ personally known to me, or, ___ who has produced
(Print name of Authorized Individual) (7)

_____ as identification. My commission expires: _____.
(Type of identification produced)

(Signature of notary)

(Print, type or stamp name of notary)

(SEAL)

Even if personally known to the notary, the rules of the Department of Health require the person completing this form to provide a photocopy of valid photo identification.

Instructions for Completing Affidavit to Release Cause of Death Information

(1), (2), (6), (7) This is the person who is legally entitled to receive the death certification with cause of death information.

(3), (4) This is the decedent who's name is on the death certificate (the registrant).

(5) This is the person who is to receive the death certification with cause of death information. In order to receive the certification, this person must provide valid photo identification.