



State of Florida
Department of Health
Wakulla County Health Department
APPLICATION FOR FLORIDA DEATH OR FETAL DEATH RECORD

Read BOTH PAGES of this application: Anyone may apply for a death certificate. 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 certificate 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 FEMALE, MAIDEN SURNAME (if known)			
DATE OF DEATH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If known) SEX
ADDITIONAL YEARS TO BE SEARCHED <small>(Required <i>only</i> when exact year is <i>not</i> known)</small>	Below indicate the <u>range of years</u> to be searched		PLACE OF DEATH CITY OR TOWN	PLACE OF DEATH COUNTY
NAME OF SURVING SPOUSE AS RECORDED ON DEATH RECORD <small>(if applicable and if known))</small>	FIRST	MIDDLE	LAST	SUFFIX
SOCIAL SECURITY NUMBER	FUNERAL HOME NAME			

IMPORTANT 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.

SECTION B – FEES: A RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A NON-REFUNDABLE SEARCH FEE OF \$13.00

Without Cause of Death With Cause of Death (See Eligibility on the reverse side of this form)

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TOTAL AMOUNT ENCLOSED: Check or Money Order Payable to: **Wakulla County Health Department** International payments should be made by Cashier's Check or Money Order in U. S. Dollars. *Florida Law imposes an additional service charge of \$25.00 for dishonored checks.*

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SECTION C – APPLICANT AND MAILING INFORMATION:

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 CERTIFICATE 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

Certificate #

Receipt#

INFORMATION / INSTRUCTIONS

Fill in the form and print. Bring the form, money and your ID to the Wakulla County Health Department, at 48 Oak Street, Crawfordville, Fl. If you have questions call our office at (850)926-0400. This application is not to be used for requesting an amendment to a death record. If an amendment is required, use DH Form 433(non medical amendment) or DH 434 (medical amendment).

AVAILABILITY: Death registration was not required by state law until 1917; however, it was many years before we had consistent registration. While there are some records on file dating back to 1877, not all events were registered.

ELIGIBILITY:

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.

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 following individuals: 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, or to any person who provides documentation that he or she is acting on behalf of any of the above named persons. All requests for certificate of a death certificate that includes the cause of death information must state the qualifying eligibility, or a notarized Affidavit to Release Cause of Death Information (DH Form 1959), which is available upon request. 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.

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) must accompany this request. **SPECIAL NOTE:** Florida clerks of court will not accept a death record with "cause of death information included" when filing probate.

INFORMATION NEEDED: A search **cannot be made without the decedent's name and year of death.** If any of the other items requested in Section A on the front of this form are available, this information may be helpful to us in our search particularly when multiple records are found for common names. Please provide as much information as possible.

PROCESSING TIME Normal response time is 10 – 14 business days; however, the processing time can exceed this timeframe dependent upon the volume of work received and the resources available at the time your request is received.

RECORD NOT FOUND: If a death record is not found, you will be issued a "not found" statement in lieu of the certificate. Fees are nonrefundable, with one exception. Fees paid for additional copies when no record is found will be refunded upon written request.