AFFIDAVIT TO RELEASE CAUSE OF DEATH INFORMATION

(If you are eligible to receive the death certificate requested below, you may use ***this form*** to name another person to receive the death certificate for you.)

State of:_____ County of:_____

My Name is: (*print name*)_____ .

I am eligible, by law, to receive the death certificate requested below, because I am the: (*check one*)

__ Surviving spouse listed on the death certificate.

__ Parent listed on the death certificate.

__ Child (or grandchild) of the decedent and of legal age (18).

__ Sibling of the decedent and of legal age (18).

__ Representative of one of the above (Documentation required).

__ Other: beneficiary or other interest in the estate (Documentation required).

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

_____ **to** _____.
(person named on death certificate) **(print name of person to receive death certificate)**

(Required) I have attached a photocopy of my valid photo ID:

_____ .
type of Identification attached **(If attorney or funeral director, only bar or license number required)**

NOTE: Pursuant to s. 382.026, Florida Statutes, it is a 3rd degree felony to obtain and use a Florida death record fraudulently, punishable as set forth in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

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

_____
(signature of person checked above)

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

_____, who is: __ personally known to me, or, __ who has
(print name of person checked above)

produced _____ as Identification. My Commission Expires: _____.
(type of Identification produced)

_____ _____
(signature of notary) ***(print, type or stamp name of notary)*** (SEAL)

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

DH Form 1959, August 2010 (Obsoletes previous editions)
64V-1.0131, Florida Administrative Code