



APPLICATION FOR FLORIDA DEATH RECORD

Broward County Health Department
Vital Statistics Department
 780 SW 24 Street, Ft. Lauderdale, FL 33315-2643
 (954)-467-4413

In Person Only...
 2421A S.W. 6 Avenue
 Ft. Lauderdale, FL 33315

PLEASE TYPE or PRINT ALL INFORMATION

NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST		SEX
SOCIAL SECURITY # (if known)		DATE OF DEATH - MONTH	DAY	YEAR (4 DIGIT)	IF YEAR NOT KNOWN, SPECIFY RANGE OF YEARS TO SEARCH NOT AVAILABLE LOCALLY
FLORIDA	PLACE OF DEATH - CITY		COUNTY (REQUIRED)		DEATH FILE NUMBER (if known)
NAME AND ADDRESS OF FUNERAL-HOME	NAME-		ADDRESS (CITY)		

IMPORTANT: Read the entire application form before completing.

Cause of death is confidential. To obtain and use a Florida death record under false or fraudulent purposes is a third-degree felony punishable by the terms and conditions set forth in Florida Statutes.

CERTIFICATES AND FEES – Certificates available for Broward County deaths only

Description	Cost Each	Quantity	Total Cost
<input type="checkbox"/> Certified Copy With Cause-of-Death (restrictions apply)	\$10.00		
<input type="checkbox"/> Certified Copy Without Cause-of-Death (public record)	\$10.00		
<input type="checkbox"/> Expedite Processing (3 to 5 business days to process – returned by first class mail)	\$10.00		
<input type="checkbox"/> Overnight Processing (3 to 5 business days to process – returned by overnight delivery)	\$21.00		
<input type="checkbox"/> Funeral Home Service (orders received by 10:00 am - pick-up after 3:00 pm same day)	\$10.00		
Note: Expedite or Overnight Processing is for mail orders, and is per order (choose only one)			TOTAL DUE: \$

PLEASE READ ALL INFORMATION ON BACK BEFORE SUBMITTING APPLICATION

APPLICANT'S NAME	FIRST	MIDDLE	LAST	SUFFIX
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE NUMBER	FUNERAL HOME OF RECORD <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF PERSON REPRESENTED	
STATE RELATIONSHIP TO REGISTRANT	SIGNATURE OF APPLICANT			
HOME PHONE NUMBER ()	RESIDENCE STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

CREDIT CARD ORDERS ONLY – To be completed by credit card holder

Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/>	Card Number:	Expiration:		
Full Name on Card:	First	Middle	Last	
Cardholder's Address:	Street	City	State	Zip
Cardholder's Signature:				

OFFICIAL USE ONLY – To be completed by Broward County Health Department staff

Date:	Receipt	Document #:
Driver's License	Other:	

When cause of death information is requested, the applicant must state relationship to deceased and provide a photo identification along with this application. Acceptable forms of identification are Driver's License, State Identification Card, Passport, or Military Identification.

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY: Death registration was not required by state law until 1917 however there are some records on file at the State Office of Vital Statistics dating back to 1877.

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.

WITH CAUSE OF DEATH INFORMATION: Death records with the cause of death information may only be issued to the following individuals: 1) the decedent's spouse or parent; 2) to 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 his or her interest in the estate of the decedent or 4) to any person who provides documentation that he or she is acting on behalf of any of the above named persons.

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 by providing documents showing relationship or a notarized Affidavit to Release Cause of Death Information (DOH Form # 1959), 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 (954) 467-4413.

The funeral director associated with the funeral home listed on the death record, or attorney representing an eligible person listed above must include their signature, professional license number, and the name and relationship of the person you are representing. If you are a funeral director **not** associated with the funeral home listed on the death record, or an attorney not representing a person listed above as eligible to receive cause of death information, then a completed Affidavit to Release Cause of Death Information (DOH Form # 1959) must accompany this request.

Cause of death information on death records over 50 years old is available to anyone completing an application and submitting the required fee.

NOTE: Florida clerks of court will not accept a death record with cause of death information 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 on the front of this form are unavailable, other identifying information (such as parents' names, birthplace, etc) may be helpful if multiple records are found for common names.

APPLICANT'S SIGNATURE: Applicant's signature is required, as well as his/her name, residence address and valid telephone number.

ACCEPTABLE FORMS OF IDENTIFICATION:

Driver's License, State Identification Card, Passport, and/or Military Identification.

<p>PAYMENT: Cash, Credit Cards, Money Orders, Cashier's Checks or Bank Drafts; Personal Checks accepted only from Broward, Miami-Dade, and Palm Beach counties (name, address, and phone number must be imprinted on the check); Official Business Checks (business name, address, and phone number must be imprinted on the check). Make payable to: Broward County Health Department</p>
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<p>ADDRESS ON CHECK AND PHOTO IDENTIFICATION MUST BE THE SAME</p>
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<p>MAIL ORDERS: Regular mail orders must include a self-addressed, stamped envelope, and take 10 to 14 business days to process. All mail orders must include a copy of an acceptable form of Identification. Do not send cash by mail.</p>
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<p>Mail to: Broward County Health Department Vital Statistics Department, 780 S.W. 24th Street, Ft. Lauderdale, FL 33315-2643</p>

<p>PHONE or INTERNET ORDERS: Requires the use of a credit card. Requires Expedite and either Regular or Overnight Processing. Must include a copy of an acceptable form of Identification; Phone: (866) 830-1906 or Internet "www.Browardchd.org".</p>
