



APPLICATION FOR A FLORIDA DEATH RECORD

PINELLAS COUNTY HEALTH DEPARTMENT

OFFICE OF VITAL STATISTICS

**8751 ULMERTON ROAD
LARGO, FLORIDA 33771**

**TELEPHONE: (727) 507-4330
FAX: (727) 507-4335
HOURS: MONDAY- FRIDAY/8 AM - 5 PM**

TYPE OR PRINT

NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST		SEX
SOCIAL SECURITY NUMBER (if known)	DATE OF DEATH - MONTH		DAY	YEAR (4 DIGIT)	IF YEAR NOT KNOWN, SPECIFY RANGE OF YEARS TO SEARCH
FLORIDA	PLACE OF DEATH - CITY		COUNTY (REQUIRED)		DEATH FILE NUMBER (if known) N/A
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.

When cause of death information is requested, the applicant must state relationship to decedent and provide photo identification such as driver's license, state identification card, passport, or military identification.

(AVAILABLE FOR Pinellas County Deaths 2010 TO PRESENT)

	<u>Quantity</u>		<u>Amount</u>
	W/ out Cause Of Death	W/ Cause Of Death	
The fee of \$8.00 is charged for each search. One death certification, if found, is provided for this fee. If no record is found, this department retains the search fee.	\$8.00	X	= \$
Protective Plastic Sleeve for the death certification <u>without</u> the cause of death	\$4.00	X	= \$
Rush Orders will be processed within 3 business days upon receipt (PLEASE NOTE: All faxed orders will be charged this initial fee)	\$5.00	X	Per Order = \$
Overnight Orders will be mailed when the order is complete	\$15.00		= \$
TOTAL AMOUNT ENCLOSED: Check or money order payable to <u>Vital Statistics</u> in U.S. Dollars (DO NOT SEND CASH)			= \$

If you are paying with a credit card, please check: __ Visa __ M/C __ Discover	Credit Card Number: _____	Expiration Date: _____	Amount to be charged: \$ _____
Billing Address for Credit Card:	City:	State:	Zip Code:

Applicant's Name TYPE OR PRINT	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 DECEDENT	SIGNATURE OF APPLICANT		
HOME PHONE NUMBER ()	RESIDENCE STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY THROUGH THE PINELLAS COUNTY OFFICE OF VITAL STATISTICS:

This office only has death records for Pinellas County. The years available are **2010 to the present**. For additional information, please visit our website: <http://www.pinellashealth.com> and look under "Our Services" scroll down for Vital Statistics.

If the death occurred in Florida before **2010**, please contact the State Office of Vital Statistics, Attn: Customer Services, P.O. Box 210, Jacksonville, FL 32231-0042 or go to the following link:
http://www9.myflorida.com/planning_eval/Vital_Statistics/index.html

If the death occurred in another state, please go to the following link to obtain address information to order the certificate:
<http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>

Death certificates are public record. Anyone may obtain certified copies without the cause of death information.

AVAILABILITY THROUGH THE STATE OFFICE:

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: 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 certification of a death certificate that includes the cause of death information must include signature of the applicant, state his or her 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.

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 they are representing. If you are a funeral director **not** associated with the funeral home listed on the death record, or an attorney not representing someone listed 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.

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.

OPTIONS FOR RUSH SERVICE:

- **MAIL IN REQUESTS:** Envelopes marked RUSH with the additional \$5.00 expedite fee, completed application and copy of photo ID enclosed will be processed within 3 business days of receipt. This does not include postal time to and from our office.
- **FAXED REQUESTS:** Our fax number is (727) 507-4335. Faxed requests are only accepted if the payment method is with a **Visa, MasterCard, or Discover**. A copy of the applicant's photo ID must accompany **this** completed application when faxing your request to us. All faxed requests will be treated as "rush orders" and will be charged the additional \$5.00 fee.
- **OVERNIGHT REQUESTS:** There is an additional \$15.00 fee for this service.

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

<http://www.pinellashealth.com>