


FLORIDA CERTIFICATE OF DEATH

DECEDENT PERSONAL INFORMATION	1. DECEDENT'S NAME (First, Middle, Last, Suffix)				2. SEX		
	3. DATE OF BIRTH		4a. AGE (Last Birthday) (Years)	4b. UNDER 1 YEAR (Months) (Days)	4c. UNDER 1 DAY (hours) (Minutes)		
	5. DATE OF DEATH		6. SOCIAL SECURITY NUMBER		7. PLACE OF BIRTH (City & State or Foreign Country)		
	8. COUNTY OF DEATH		9. MARITAL STATUS		10. SURVIVING SPOUSE'S NAME (*If wife, give maiden name) (First, Middle, Last, Suffix)		
	11a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) (*Do not use "Retired")			11b. KIND OF BUSINESS/INDUSTRY			
	12. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)						
	13. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)						
	14. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)				15. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	USUAL RESIDENCE	16a. RESIDENCE - STATE		16b. COUNTY		16c. CITY, TOWN, OR LOCATION	
		16d. STREET ADDRESS			16e. APT. NO.	16f. ZIP CODE	16g. INSIDE CITY LIMITS? <input type="checkbox"/> Y <input type="checkbox"/> N
PARENTS INFO	17. FATHER'S NAME (First, Middle, Last, Suffix)						
	18. MOTHER'S NAME (First, Middle, Last, MAIDEN Surname)						
INFORMANT INFO	19a. INFORMANT'S NAME			19b. RELATIONSHIP TO DECEDENT		20a. INFORMANT'S MAILING - STATE	
	20b. CITY OR TOWN		20c. STREET ADDRESS			20d. ZIP CODE	
DEATH LOCATION INFO	21. PLACE OF DEATH <input type="checkbox"/> HOSPITAL: <input type="checkbox"/> NON-HOSPITAL:						
	22. FACILITY NAME (If not institution, give street address)			23a. CITY, TOWN, OR LOCATION OF DEATH		23b. INSIDE CITY LIMITS? <input type="checkbox"/> Y <input type="checkbox"/> N	
FUNERAL DIRECTOR	24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN	
	26a. METHOD OF DISPOSITION						
	26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	27a. LICENSE NUMBER (of Licensee)			27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 			
	28. NAME OF FUNERAL FACILITY				29a. FACILITY'S MAILING - STATE		
29b. CITY OR TOWN		29c. STREET ADDRESS			29d. ZIP CODE		

DEMOGRAPHIC INFORMATION TO BE FILLED BY FUNERAL DIRECTOR