TYPE IN PERMANENT BLACK INK

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME *(First, Middle, Last, Suffix)* | 2. SEX

3. DATE OF BIRTH *(Month, Day, Year)* | 4a. AGE-Last Birthday *(Years)* | 4b. UNDER 1 YEAR *Months* *Days* | 4c. UNDER 1 DAY *Hours* *Minutes* | 5. DATE OF DEATH *(Month, Day, Year)*

6. SOCIAL SECURITY NUMBER | 7. BIRTHPLACE *(City and State or Foreign Country)* | 8. COUNTY OF DEATH

9. PLACE OF DEATH *(Check only one)*
HOSPITAL: ___ Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival
NON-HOSPITAL ___ Hospice facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other *(Specify)*

10. FACILITY NAME *(If not institution, give street address)* | 11a. CITY, TOWN, OR LOCATION OF DEATH | 11b. INSIDE CITY LIMITS? ___ Yes ___ No

12. MARITAL STATUS *(Specify)*
___ Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME *(If wife, give maiden name)*

14a. RESIDENCE - STATE | 14b. COUNTY | 14c. CITY, TOWN, OR LOCATION

14d. STREET ADDRESS | 14e. APT. NO. | 14f. ZIP CODE | 14g. INSIDE CITY LIMITS? Yes No

15a. DECEDENT'S USUAL OCCUPATION *(Indicate type of work done during most of working life.)*
Do not use "Retired"
15b. KIND OF BUSINESS/INDUSTRY

16. DECEDENT'S RACE *(Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)*
___ White ___ Black or African American ___ American Indian or Alaskan Native *(Specify tribe)*
___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian *(Specify)*
___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Is. *(Specify)* ___ Other *(Specify)*

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? ___ Yes *(If Yes, specify)* ___ No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American
(Specify if decedent was of Hispanic or Haitian Origin.)
___ Other Hispanic *(Specify)* ___ Haitian

18. DECEDENT'S EDUCATION *(Specify the decedent's highest degree or level of school completed at time of death.)*
8th or less ___ High school but no diploma ___ High school diploma or GED
___ College but no degree College degree *(Specify)*: Associate ___ Bachelor's ___ Master's ___ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes ___ No

20. FATHER'S NAME *(First, Middle, Last, Suffix)* | 21. MOTHER'S NAME *(First, Middle, Maiden Surname)*

22a. INFORMANT'S NAME | 22b. RELATIONSHIP TO DECEDENT | 23a. INFORMANT'S MAILING - STATE

23b. CITY OR TOWN | 23c. STREET ADDRESS | 23d. ZIP CODE

24. PLACE OF DISPOSITION *(Name of cemetery, crematory, or other place)* | 25a. LOCATION - STATE | 25b. LOCATION - CITY OR TOWN

26a. METHOD OF DISPOSITION ___ Burial ___ Entombment ___ Cremation ___ Donation ___ Removal from State ___ Other *(Specify)*

Please look over this information **CAREFULLY**. Your signature is an agreement that all information listed above is correct. Any changes in the future due to incorrect information will pass onto you. This information will be printed on a legal document. Please read **CAREFULLY**.

Approved by legal representative: _____

Date: _____

Director making arrangements: _____

Date: _____

Number of copies with cause of death _____ without cause of death _____

Total:_____

Death certificates filed outside of Highlands County may take up to two (2) additional weeks. Death certificates may be hand delivered for an additional charge.