

FLORIDA CERTIFICATE OF DEATH

FOR PROOFING ONLY

1. DECEDENT'S NAME (First, Middle, Last Suffix)							2. SEX					
3. DATE OF BIRTH <small>(Month Day, Year)</small>		4a. AGE <small>(Years)</small>	4b. UNDER 1 YEAR <small>Mnths Days</small>		4c. UNDER 1 DAY <small>Hrs Min</small>		5. DATE OF DEATH <small>(MO/D/YR)</small>		5a. TIME OF DEATH			
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)				8. COUNTY OF DEATH						
9. PLACE OF DEATH (Check only one)												
HOSPITAL:			<input type="checkbox"/> Inpatient			<input type="checkbox"/> Emergency Room/Outpatient			<input type="checkbox"/> Dead on Arrival			
NON-HOSPITAL:			<input type="checkbox"/> Hospice Facility			<input type="checkbox"/> Nursing Home/Long Term Care Facility			<input type="checkbox"/> Decedent's Home			<input type="checkbox"/> Other (Specify)
10. FACILITY NAME (If not institution, give street address)					11a. CITY, TOWN, OR LOCATION OF DEATH							
12. MARTIAL STATUS (Specify)					13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)							
<input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married												
14a. RESIDENCE - STATE			14b. COUNTY			14c. CITY, TOWN, OR LOCATION						
14d. STREET ADDRESS					14e. APT. NO.		14f. ZIP CODE		14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) <small>Do not use "Retired"</small>					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.)												
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American		<input type="checkbox"/> American Indian or Alaskan Native (Specify info)									
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese		<input type="checkbox"/> Other Asian (Specify)					
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Guamanian or Chamorro		<input type="checkbox"/> Samoan		<input type="checkbox"/> Other Pacific Isl. (Specify)			<input type="checkbox"/> Other (Specify)				
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)												
<input type="checkbox"/> Yes (If Yes, specify)			<input type="checkbox"/> No		<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> Central/South American	<input type="checkbox"/> Haitian			
18. DECEDENT EDUCATION (Specify the decedent's Highest degree or level of school completed at time of death.)												
<input type="checkbox"/> 8th or less	<input type="checkbox"/> High school but no diploma		<input type="checkbox"/> High school diploma or GED									
<input type="checkbox"/> College but no degree	<input type="checkbox"/> College degree		<input type="checkbox"/> Associate	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Doctorate		19. WAS DECEDENT EVER IN U.S ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	19a. If yes, which branch?			
20. IF THE DECEDENT WAS IN THE U.S. ARMED FORCES, DID A SERVICE-CONNECTED DISABILITY CONTRIBUTE TO THE VETERAN'S DEATH?								<input type="checkbox"/> Yes	<input type="checkbox"/> No			
21. FATHER'S NAME (First, Middle, Last, Suffix)					22. MOTHER'S NAME (First, Middle, Maiden, Surname)							
23a. INFORMANT'S NAME					23b. RELATIONSHIP TO DECEDENT		23c. INFORMANT'S MAILING • STATE					
24a. CITY OR TOWN			24b. STREET ADDRESS				24c. ZIP CODE					
25. INFORMANT'S SIGNATURE							25a. PHONE #					
26. PLACE OF DISPOSITION				26a. LOCATION • STATE			26b. LOCATION • CITY OR TOWN					

NOTES

OF DEATH CERTIFICATES WITH CAUSE OF DEATH:

OF DEATH CERTIFICATES WITHOUT CAUSE OF DEATH:

EMAIL ADDRESS:

URN:

DISPOSITION OF CREMAINS:

MAIL TO:

ADDRESS: