

FLORIDA CERTIFICATE OF DEATH

FOR PROOFING ONLY

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)		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) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <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? <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 (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Other Hispanic (Specify) <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?											
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 (Name of cemetery, crematory, or other place)						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: