



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	4c. UNDER 1 DAY	5. DATE OF DEATH (Month, Day, Year)	5a. TIME OF DEATH	
		Months	Days	Hours	Minutes	
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.) 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 <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.)			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	19a. If Yes, which branch?		
<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						
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: