

To: _____ Fax: _____
From: _____ Date: _____
CC: File _____ Number of pages: _____

PLEASE COMPLETE THE INFORMATION BELOW AND FAX BACK TO US AT: (407) 841-4454

Cost for certified death certificates per copy:
\$10.00 for the first copy
\$5 each additional ordered at the same time.

Number of Death Certificates requested:
_____ with the cause of death listed
_____ without the cause of death listed

NOTE: FLORIDA CLERKS OF COURT WILL NOT ACCEPT A DEATH RECORD WITH CAUSE OF DEATH INFORMATION WHEN FILING PROBATE.

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 of foreign Country)		8. COUNTY OF DEATH	
9. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency room/Outpatient <input type="checkbox"/> Dead on Arrival (Check only one) 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		11b. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
12. MARITAL 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 tribe) <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'S 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 College degree (Specify): <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
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