

APPLICATION FOR A FLORIDA DEATH RECORD

(For County Use Only)

Washington County Health Department
P.O. Box 648
Chipley, FL 32428
Phone: (850) 638-6240

SAFETY PAPER # _____ **DATE :** _____

NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST	SEX	
SOCIAL SECURITY NUMBER (if known)		DATE OF DEATH - MONTH	DAY	YEAR (4 DIGIT)	IF YEAR NOT KNOWN, SPECIFY RANGE OF YEARS TO SEARCH
FLORIDA	PLACE OF DEATH - CITY		COUNTY (REQUIRED)	DEATH FILE NUMBER (if known)	
NAME AND ADDRESS OF FUNERAL-HOME	NAME		ADDRESS (CITY)		

IMPORTANT: Read the entire application form before completing. Cause of death is confidential. To obtain and use a Florida death record under false or fraudulent purposes is a third-degree felony punishable by the terms and conditions set forth in Florida Statutes.

FEE FOR CERTIFIED COPY OF DEATH CERTIFICATE: \$10.00 EACH COPY

REQUEST CERTIFIED COPY WITH CAUSE OF DEATH: YES _____ NO _____

REQUEST _____ COPIES AT \$10.00 EACH = TOTAL AMOUNT PAID: \$ _____

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
FUNERAL DIRECTOR/ATTORNEY AS APPLICANT FOR CAUSE OF DEATH INFORMATION	LICENSE NUMBER	FUNERAL HOME OF RECORD : <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF PERSON REPRESENTED
STATE RELATIONSHIP TO DECEDENT	SIGNATURE OF APPLICANT			
HOME PHONE NUMBER ()	RESIDENCE STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY		STATE	ZIP CODE

When cause of death information is requested, the applicant must state relationship to decedent and provide photo identification such as driver's license, state identification card, passport, or military identification.