



APPLICATION FOR A FLORIDA DEATH RECORD

FLORIDA DEPARTMENT OF HEALTH IN HENDRY COUNTY

1140 Pratt Blvd
LaBelle, FL 33935

863-674-4041

MONDAY - FRIDAY Horario 8am - 4pm

Read the FRONT AND BACK of this application: Anyone may apply for a death certification. When requesting a death certification without cause of death OR if the death occurred over 50 years prior to the request, photo identification if not required. When cause of death information is required and the death occurred less than 50 years ago, a valid photo Identification must accompany this application. If a mail request, a copy of the valid photo Identification must be provided; AND the applicant OR person being represented must be eligible person as outlined in statute (see Eligibility on the back of this form). Relationship to the decedent must be entered in the space provided at the bottom of this form when requesting cause of death. If applicant is a funeral director or an attorney, see additional information under Eligibility on the back of this form to ensure proper completion of this application.

Acceptable forms of valid ID are: DRIVER LICENSE, State Identification Card, Passport, and/or Military Identification Card.

SECCIÓN A: DECEDENT INFORMATION

NAME OF DECEDENT	FIRST	MIDDLE	LAST	SUFFIX
ALIAS NAME (IF APPLICABLE)	IF MARRIED FEMALE, MAIDEN SURNAME (IF KNOWN)			SEX
DATE OF DEATH	MONTH	DAY	YEAR (4 DIGIT)	ADDITIONAL YEARS TO BE SEARCHED (Required <u>only</u> when exact year of death if <u>not</u> known)
PLACE OF DEATH	PLACE OF DEATH CITY OR TOWN		PLACE OF DEATH COUNTY	STATE FILE NUMBER (IF KNOWN)
NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD (if applicable and if known)	FIRST	MIDDLE	LAST (Maiden, if applicable)	SUFFIX
SOCIAL SECURITY NUMBER (IF KNOWN)	FUNERAL HOME NAME (IF KNOWN)			

IMPORTANT INFORMATION

Any person who willfully and knowingly provides false information on a certificate, record or report required by chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commite a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

SECCIÓN B: APPLICANT (adult requesting certificate) INFORMATION

If requesting cause of death, all applicants must state their relationship to the decedent; if a funeral director or an attorney, you must enter the relationship of the person you represent. Eligibility requirements are provided on the back if this form.

Applicants Name TYPE or PRINT	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)	SIGNATURE OF APPLICANT	
HOME PHONE NUMBER ()	MAILING ADDRESS (INCLUDE APT NO. IF APPLICABLE)	RELATIONSHIP TO DECEDENT	
ALTERNATIVE PHONE NUMBER ()	CITY	STATE	ZIP CODE
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE/BAR NUMBER	NAME OF PERSON REPRESENTED	THEIR RELATIONSHIP TO DECEDENT

SECTION C: COUNTY HEALTH DEPARTMENT FEE INFROMATION

Total Owed

Number of Florida Death Certifications Ordered (Without Cause) _____ @ \$10.00 EACH _____

Number of Florida Death Certifications Ordered (With Cause) _____ @ \$10.00 EACH _____

PAYMENT TYPE: Cash: _____ Check#: _____ Credit Card & last 4 digits: _____ Money Order#: _____

MAIL IN REQUESTS : Check or Money order payable to **Hendry County Health Department (NO DON'T SEND CASH)**

USO PARA LA OFICINA SOLAMENTE

Without Cause # _____ With Cause # _____

Receipt # _____

Date of Application: _____ Clerk Initials: _____