

TYPE IN
PERMANENT
BLACK INK

Choking
Exposure
Hypothermia
Sepsis

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

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 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			11b. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. MARITAL 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 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? (Specify if decedent was 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'S 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"/> 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										<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				
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)													

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR