



APPLICATION FOR AMENDMENT TO FLORIDA DEATH OR FETAL DEATH RECORD

IMPORTANT: Read the entire application form before completing

TYPE OR PRINT

Requirement for ordering cause of death: If you are an eligible applicant (See ELIGIBILITY), complete and sign this application, state relationship and provide photo identification. Depending on relationship, additional documentation supporting need for cause of death information may be required, refer to ELIGIBILITY. If you are a funeral director or attorney representing an eligible person, you need only sign, provide professional license or bar number, indicate name of person whom you represent and their relationship to the decedent in the appropriate spaces below. If applicant is not an eligible person, Affidavit to Release Cause of Death, DH Form 1959, must be completed and signed by an eligible person before a notarizing official and submitted in addition to this application form. Acceptable forms of photo identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card.

NAME OF DECEDENT/INFANT	FIRST	MIDDLE	LAST	SEX
DATE OF DEATH	MONTH	DAY	YEAR (4 DIGIT)	
PLACE OF DEATH	CITY or TOWN		COUNTY	FLORIDA

Check Type of Filing: Death Fetal Death **Fees are nonrefundable**

MEDICAL AMENDMENT: (Refer to section in Instructions entitled Medical Amendment for description). <i>No amendment fee required; however, if certification of amended record desired, fee of \$5.00 is required for 1st copy.</i>	Fee	Quantity	Amount
Do you need cause of death on this first certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00	1	

NON-MEDICAL AMENDMENT: \$20.00 (Includes search and one certification of amended record) Any change to a record other than those defined in the section in Instructions entitled Medical Amendment in considered a Non-Medical Amendment.	Fee	Quantity	Amount
Do you need cause of death on this first certification <input type="checkbox"/> Yes <input type="checkbox"/> No	\$20.00	1	

Additional copies are \$4.00 each when ordered with this request	\$4.00	X	Number With Cause	+	Number Without Cause	=	\$
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RUSH ORDERS (Optional): **\$10.00** per order. Envelope must be marked "RUSH". Yes No
(Refer to information entitled Response Time) \$

TOTAL AMOUNT ENCLOSED: Check or money order payable in U.S. Dollars to **Vital Statistics (DO NOT SEND CASH)**
Florida Law imposes an additional service charge of \$15 for dishonored checks \$

To provide false information relative to an amendment of a Florida death record or obtain confidential information contained on a Florida death record under false or fraudulent purposes is a third-degree felony punishable by the terms and conditions as set forth in Florida Statutes.

APPLICANT NAME/DELIVERY INFORMATION

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)	RELATIONSHIP TO DECEDENT
DELIVERY ADDRESS (INCLUDE APT. NUMBER, IF APPLICABLE)	CITY		STATE	ZIP CODE
HOME PHONE NUMBER INCLUDING AREA CODE ()	WORK PHONE NUMBER INCLUDING AREA CODE ()		SIGNATURE OF APPLICANT	
ATTORNEY OR FUNERAL DIRECTOR MUST PROVIDE BAR OR PROFESSIONAL LICENSE NUMBER		ATTORNEY OR FUNERAL DIRECTOR MUST PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT		

IF THE CERTIFICATION IS TO BE MAILED TO ANOTHER PERSON OR ADDRESS USE THE SPACES BELOW TO SPECIFY SHIP TO NAME AND ADDRESS.

SHIP TO NAME TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
HOME PHONE NUMBER ()	SHIP TO STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

INFORMATION AND INSTRUCTIONS FOR DEATH AMENDMENT APPLICATION

Statute/Rule references may be accessed through the website address at the bottom of this form

CAUSE OF DEATH INFORMATION: Pursuant to s. 382.025, Florida Statutes, except for those deaths occurring over 50 years ago, cause of death information is confidential pursuant to Florida law and may only be issued as indicated in the section below. Cause of death information on death records over 50 years old or a death certificate without cause of death is available to anyone of legal age (18) completing an application and submitting the required fee.

ELIGIBILITY: Death records with the cause of death information may only be issued to the following individuals:

- The decedent's spouse or parent; child, grandchild or sibling, if of legal age;
- To any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent;
- To any person who provides documentation that he or she is acting on behalf of any of the before named persons; or
- Court order.

REQUIREMENTS FOR OBTAINING CAUSE OF DEATH INFORMATION: Except for a legal representative such as an attorney or funeral director, all requests for certification of a death certificate that includes the cause of death information, must include signature of the applicant, state his or her qualifying eligibility AND provide photo identification. If you are a funeral director or attorney representing an eligible person as listed above, include your professional license or bar number and the name and relationship of the person you are representing. If you are not one of the persons listed above, you may only obtain cause of death information by submitting an affidavit signed by an eligible person before a notarizing official or by court order. A form entitled Affidavit To Release Cause of Death Information, DH Form 1959, is available upon request from this office, most local vital statistics offices within the county health department and our website.

If after reading the above information you are still uncertain regarding your eligibility for cause of death information, call our office (904) 359-6900 extension 9000 for assistance.

NOTE: If needed for filing probate, be aware that Florida clerks of court will not accept a death record with cause of death shown.

MEDICAL AMENDMENT: Includes cause of death, manner of death, date of death, hour or time of death, place of death (other than street address).

MISSING DATA: A search cannot be made without the decedent's name and year. If any of the other items requested on the front of this form are unavailable, some other identifying information (such as parents' names, birthplace, etc) may be helpful if multiple records are found for common names.

RESPONSE TIME: Response time for processing an amendment varies depending upon our workload at the time your request is received. Generally, an amendment is completed and certification(s) issued within two to three weeks. RUSH processing is available to those who need assurance of faster service. Orders received in an envelope marked RUSH and with the \$10.00 RUSH fee will be given priority over other pending work; no amended certificate can be issued until all required evidence, forms, applicable fees and appropriate signatures have been received and meet the criteria as established in rules of the department.

NONREFUNDABLE: The amendment-processing fee is nonrefundable, even if the amendment cannot be completed. In addition, it can only be applied to this case and cannot be credited or transferred to another case.

MAIL TO: DEPARTMENT OF HEALTH, VITAL STATISTICS, P.O. BOX 210, Jacksonville, FL 32231-0042

<http://www.floridahealth.gov>