

CONTRACT #
PERMIT #

FLORIDA CERTIFICATE OF DEATH
FOR PROOFING ONLY

FUNERAL DIRECTOR

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

4c. UNDER 1 DAY

5. DATE OF DEATH (Month, Day, Year)

T.O.D.

6. SOCIAL SECURITY NUMBER

7. BIRTHPLACE (City and State or Foreign Country)

8. COUNTY OF DEATH

9. PLACE OF DEATH
(Check only one)

HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival

NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (If not institution, give street address)

11a. CITY, TOWN, OR LOCATION OF DEATH

11b. INSIDE CITY LIMITS?

12. MARITAL STATUS (Specify)

Married Married, but Separated Widowed Divorced 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?

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.)

- White Black or African American American Indian or Alaskan Native (Specify tribe)
- Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify)
- Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Isl. (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN?
(Specify if decedent was of Hispanic or Haitian Origin.)

Yes (If Yes, specify) No

Mexican Puerto Rican Cuban Central/South American

Other Hispanic (Specify)

Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)

- 8th or less High school but no diploma High school diploma or GED
- College but no degree College degree (Specify): Associate Bachelor's Master's Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES?

Yes 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. INFORMANT'S SIGNATURE

24b. PHONE #

25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)

25a. LOCATION - STATE

25b. LOCATION - CITY OR TOWN

26a. METHOD OF DISPOSITION

Cremation

NOTES

FINAL DISPOSITION:

 AN

 PN

Urn

Disposition of Remains

Mail to

Address