



APPLICATION FOR A FLORIDA DEATH RECORD

Escambia County Health Department
 1295 W. Fairfield Dr.
 Pensacola, FL 32501
 (850) 595-6546

TYPE OR PRINT

| | | | | | |
|-----------------------------------|-----------------------|-----------------------|----------------|--|---|
| 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 N/A |
| FLORIDA | PLACE OF DEATH - CITY | COUNTY (REQUIRED) | | DEATH FILE NUMBER (if known) N/A | |
| 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.

Quantity

_____ **Without Cause of Death** (Used for recording purposes: probate, tax, title, deeds, etc.)

_____ **With Cause of Death** (Used for personal records and insurance)

| PC | Procedure Code | Description | Cost Per Copy | Fee Amount |
|----|----------------|--------------|---------------|-----------------------|
| 80 | 2000 | Death Record | 8.00 | \$ _____ |
| 80 | 3000 | Search Fee | _____ | Total \$ _____ |

| | | | | |
|---|-------------------------------------|--|-------|----------------------------|
| 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 a valid photo identification such as driver's license, state identification card, passport, or military identification. Make check or money order payable to Escambia County Health Department.

FOR OFFICE USE ONLY

| | | | | |
|----|-------|-----------------|------|--------|
| ID | REC # | CASH/CHECK/MO # | AC # | FILE # |
| | | | | |