



Rick Scott
Governor

H. Frank Farmer, Jr., MD, Ph.D, FACP
State Surgeon General

DEATH CERTIFICATE REQUEST

NAME OF
APPLICANT

RELATIONSHIP TO
DECEDENT

ADDRESS

CITY/STATE/ZIP

NAME OF
DECEASED

DATE OF DEATH

COUNTY WHERE
DEATH OCCURRED

PAYMENT
INFORMATION:

CREDIT CARD
NUMBER

_____ Exp. Date: _____

NAME ON CREDIT
CARD:

PHONE NUMBER

APPLICANT'S
SIGNATURE

NUMBER OF COPIES
REQUESTED:

WITH CAUSE OF DEATH: _____

WITHOUT CAUSE OF DEATH: _____

METHOD OF
SHIPPING:

USPS _____

FedEx _____