



APPLICATION FOR A LEON COUNTY DEATH RECORD

IMPORTANT- READ THE ENTIRE APPLICATION FORM BEFORE COMPLETING. CAUSE OF DEATH 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. WHEN CAUSE OF DEATH INFORMATION IS REQUESTED, THE APPLICANT MUST STATE RELATIONSHIP TO DECEDENT AND PROVIDE PHOTO IDENTIFICATION SUCH AS- DRIVER'S LICENSE, STATE IDENTIFICATION CARD, PASSPORT, OR MILITARY IDENTIFICATION.

NAME OF THE DECEASED FIRST NAME MIDDLE NAME LAST NAME

DATE OF DEATH MONTH DAY YEAR

SOCIAL SECURITY NUMBER (IF KNOWN)

NAME OF FUNERAL HOME

ADDRESS OF FUNERAL HOME STREET ADDRESS CITY STATE

RELATIONSHIP TO DECEASED FUNERAL HOME OF RECORD Y/N

FUNERAL DIRECTOR/ATTORNEY LICENSE #

NAME OF PERSON FUNERAL HOME IS REPRESENTING

SIGNATURE OF APPLICANT

HOME PHONE ( ) WORK PHONE ( )

STREET ADDRESS

CITY STATE ZIP CODE

\$10.00 CERTIFIED COPY OF DEATH RECORD WITH THE CAUSE OF DEATH. \$ 10.00 CERTIFIED COPY OF DEATH RECORD WITH OUT CAUSE OF DEATH.

FOR OFFICE USE ONLY

AUDIT CONTROL# DRIVER LICENSE DATE