

Wakulla County Health Department



APPLICATION FOR A FLORIDA DEATH RECORD

Read the FRONT AND BACK of this application: Anyone may apply for a death certification. When cause of death information is also requested and the death occurred less than 50 years ago, a valid photo identification must accompany this application AND the applicant OR person being represented must be an eligible person as outlined in statute. Relationship to the decedent must be entered in the space provided at the bottom of this form when requesting cause of death. If applicant is a funeral director, you must provide your funeral home license number. **Acceptable forms of valid ID are:** driver's license, state identification card, passport, and/or military ID card. When requesting a death certification without cause of death OR if the death occurred over 50 years prior to the request, photo identification is not required.

SECTION A: DECEDENT INFORMATION

NAME OF DECEDENT	FIRST	MIDDLE	LAST	SUFFIX
ALIAS NAME (IF APPLICABLE)	IF MARRIED FEMALE, MAIDEN SURNAME (if known)			SEX
DATE OF DEATH	MONTH	DAY	YEAR (4-DIGIT)	ADDITIONAL YEARS TO BE SEARCHED <small>(Required <i>only</i> when exact year of death is <i>not</i> known)</small>
PLACE OF DEATH		PLACE OF DEATH CITY OR TOWN	PLACE OF DEATH COUNTY	STATE FILE NUMBER (if known)
NAME OF SURVIVING SPOUSE AS RECORDED ON DEATH RECORD <small>(if applicable and if known)</small>	FIRST	MIDDLE	LAST	SUFFIX
SOCIAL SECURITY NUMBER <small>(if known)</small>	FUNERAL HOME NAME <small>(if known)</small>			

IMPORTANT INFORMATION

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

SECTION B: APPLICANT INFORMATION

If requesting cause of death, *all applicants* must state their relationship to the decedent; if a funeral director or an attorney, you must enter the relationship of the person you represent.

Applicant's Name <small>TYPE OR PRINT</small>	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)	SIGNATURE OF APPLICANT
HOME PHONE NUMBER ()	MAILING ADDRESS (INCLUDE APT. NO., IF APPLICABLE)	RELATIONSHIP TO DECEDENT
ALTERNATE PHONE NUMBER ()	CITY	STATE
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE/BAR NUMBER	NAME OF PERSON REPRESENTED and THEIR RELATIONSHIP TO DECEDENT

SECTION C: UNIQUE COUNTY INFORMATION

_____ #without cause _____ #with cause @ \$13.00 each. Total \$ _____

DOH – Wakulla County has death records from the year 2009 to the present.

Death Certificates are \$13.00 each

**Vital Statistics Office Hours
8:00 AM to 4:00 PM**

**MONDAY through FRIDAY
(Excluding Holidays)**