

**FLORIDA CERTIFICATE OF DEATH INFORMATION**

1. DECEDENT'S NAME (First, Middle, Last, Suffix)		2. SEX	
3. DATE OF BIRTH (Month, Day, Year)		4. AGE - Last Birthday (Years)	5. DATE OF DEATH (Month, Day, Year)
6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City, State or Foreign Country)		8. COUNTY OF DEATH
9. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Other (Check only one) NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Decedent's Home			
10. FACILITY NAME (If not institution, give street address)		11a. CITY, TOWN OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUCE'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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work during most of work 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) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify Tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Island (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Haitian (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> No <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Central/South American			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		19. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> 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. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			
By my signature I acknowledge that I have reviewed the information on this document and have determined that to the best of my knowledge the information is correct.		_____ <i>Initial</i>	
By my signature I hold Beyers Funeral Home and its representatives harmless for any and all errors that may be known at a later date and time and any delay in filling of insurance, probate, etc. I also agree to pay any cost associated with correction and/or replacement of death certificates.		_____ <i>Initial</i>	
Beyers Funeral Home makes every effort to produce and provide copies of death certificates for our client families; however we cannot be responsible for delays caused by doctors not signing the death certificate or the vital records department of the county not providing copies in a timely manner.		_____ <i>Initial</i>	
I request _____ copies of death certificates:		_____ With Cause of Death <input type="checkbox"/> _____ With Out Cause of Death <input type="checkbox"/>	
_____ <i>Initial</i>		_____ <i>Initial</i>	
<b>INFORMANT'S BEST CONTACT INFORMATION:</b>		<b>HOME/CELL PHONE:</b>	<b>EMAIL ADDRESS:</b>