

LOCAL FILE NO.

# FLORIDA CERTIFICATE OF DEATH

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. Office Vital Statistics

1. DECEDENT'S NAME (First, Middle, Last, Suffix)								2. SEX	
3. DATE OF BIRTH (Month, Day, Year)		4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months      Days		4c. UNDER 1 DAY Hours      Minutes		5. DATE OF DEATH (Month, Day, Year)	
6. SOCIAL SECURITY NUMBER		7. BIRTHPLACE (City and State or Foreign Country)				8. COUNTY OF DEATH			
9. PLACE OF DEATH (Check only one)		HOSPITAL: Inpatient      Emergency Room/Outpatient      Dead on Arrival		NON-HOSPITAL: Hospice Facility      Nursing Home/Long Term Care Facility      Decedent's Home      Other (Specify)					
10. FACILITY NAME (If not institution, give street and number)						11a. CITY, TOWN OR LOCATION OF DEATH		11b. ZIP CODE OF DEATH	
12a. DECEDENT'S RESIDENCE - STATE		12b. COUNTY		12c. CITY, TOWN, OR LOCATION					
12d. STREET AND NUMBER						12e. APT. NO.	12f. ZIP CODE	12g. INSIDE CITY LIMITS? Yes      No	
13. MARITAL STATUS AT TIME OF DEATH (Specify) Married      Married, but Separated      Widowed      Divorced      Never Married						14. SURVIVING SPOUSE'S NAME (If applicable, give name prior to first marriage)			
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"						15b. KIND OF BUSINESS/INDUSTRY			
16. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) Not of Hispanic/Haitian Origin      Unknown if Hispanic/Haitian Origin Yes, of Hispanic/Haitian Origin (Select one):      Mexican      Puerto Rican      Cuban      Other Hispanic (Specify)      Haitian									
17. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) ____ White      ____ Black or African American      ____ American Indian or Alaskan Native (Specify tribe)      ____ Asian Indian ____ Chinese      ____ Filipino      ____ Japanese      ____ Korean      ____ Vietnamese      ____ Other Asian (Specify)      ____ Native Hawaiian ____ Guamanian or Chamorro      ____ Samoan      ____ Other Pacific Isl. (Specify)      ____ Other (Specify)								19a. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes      No	
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th grade or less      9th-12th grade; no diploma      High school graduate or GED completed      Some college credit, but no degree Associate degree      Bachelor's degree      Master's degree      Doctorate or Professional degree								19b. IF YES, DID A SERVICE-RELATED DISABILITY CONTRIBUTE TO THE VETERAN'S DEATH? (optional) Yes      No	
20. FATHER'S / PARENT'S NAME (If applicable, give name prior to first marriage)					21. MOTHER'S / PARENT'S NAME (If applicable, give name prior to first marriage)				
22a. INFORMANT'S NAME				22b. RELATIONSHIP TO DECEDENT		23a. INFORMANT'S MAILING - STATE			
23b. CITY OR TOWN			23c. STREET AND NUMBER			23d. ZIP CODE			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)				25a. LOCATION - STATE		25b. LOCATION - CITY OR TOWN			
26. METHOD OF DISPOSITION Burial      Cremation      Donation      Entombment Removal from State      Other (Specify)				27a. LICENSE NUMBER (of Licensee)		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			
28. NAME OF FUNERAL FACILITY						29a. FACILITY'S MAILING - STATE			
29b. CITY OR TOWN			29c. STREET AND NUMBER			29d. ZIP CODE			



## Phillip & Wiley

### MORTUARY, INC.

310 State Road 26 • Melrose, Florida 32666  
 (352) 475-2000 (Office)  
 (352) 475-2004 (Fax)  
 phillipwileymortuary@yahoo.com