

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

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: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient		Dead on Arrival		NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility		Decedent's Home <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. MARITAL STATUS AT TIME OF DEATH (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married				14. SURVIVING SPOUSE'S NAME PRIOR TO FIRST MARRIAGE (If applicable)					
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.) <input type="checkbox"/> Not of Hispanic/Haitian Origin <input type="checkbox"/> Unknown if Hispanic/Haitian Origin Yes, of Hispanic/Haitian Origin (Select one): <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> 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.) <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 Isl. (Specify) <input type="checkbox"/> Other (Specify)						19a. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree						19b. IF YES, DID A SERVICE-RELATED DISABILITY CONTRIBUTE TO THE VETERAN'S DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. FATHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)				21. MOTHER'S/PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)					
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 <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> 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				

Contact Information:

Phone

Email

Number of Each Needed:

Long: _____

Short: _____

Phillip & Sons, The Funeral Directors, Inc.
310 State Road 26
Melrose, FL 32666



☎ (352) 475-2000
(352) 475-2004 (Fax)
✉ info@phillipsonsf.com
🌐 www.phillipsonsf.com

Signature:

Email: