

# FLORIDA DEATH RECORD INFORMATION

DECEDENT'S NAME (First Middle, Last, Suffix) \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SSN: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

PLACE WHERE DEATH OCCURRED: HOSPITAL:  INPATIENT  ER/OUTPATIENT  DEAD ON ARRIVAL  
NON-HOSPITAL:  HOSPICE FACILITY  NURSING HOME/LONG TERM CARE  DECEDENT'S HOME  OTHER (SPECIFY) \_\_\_\_\_

FACILITY NAME OR STREET ADDRESS: \_\_\_\_\_

LOCATION OF DEATH (CITY) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ CITY LIMIT  YES  NO

MARITAL STATUS (FLORIDA DOES NOT RECOGNIZE COMMON LAW MARRIAGES OR SAME SEX MARRIAGES)  
 MARRIED  MARRIED BUT SEPARATED  WIDOWED  DIVORCED  NEVER MARRIED

SURVIVING SPOUSE: (FIRST, MIDDLE, LAST; IF WIFE GIVE MAIDEN NAME) \_\_\_\_\_

DECEDENT'S ADDRESS: \_\_\_\_\_ CITY LIMITS  YES  NO

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

OCCUPATION: (INDICATE TYPE OF WORK DONE DURING MOST OF WORKING LIFE - DO NOT USE RETIRED OR DISABLED - IF NEVER WORKED - PUT NONE NEVER WORKED)

OCCUPATION: \_\_\_\_\_ INDUSTRY: \_\_\_\_\_

RACE:  WHITE  BLACK OR AFRICAN AMERICAN  ASIAN INDIAN  FILIPINO  CHINESE  JAPANESE  
 KOREAN  VIETNAMESE  OTHER ASIAN: (SPECIFY) \_\_\_\_\_  GUAMIAN OR CHAMORRO  
 SAMOAN  NATIVE HAWAIIAN  OTHER PACIFIC ISL: (SPECIFY) \_\_\_\_\_  UNKNOWN  
 AMERICAN INDIAN OR ALASKAN NATIVE SPECIFY TRIBE: \_\_\_\_\_ OTHER: (SPECIFY) \_\_\_\_\_

HISPANIC OR HAITIAN ORIGIN:  YES (IF YES SPECIFY)  NO  MEXICAN  PUERTO RICAN  CUBAN  
 CENTRAL/SOUTH AMERICAN  OTHER HISPANIC (SPECIFY) \_\_\_\_\_  HAITIAN

EDUCATION:  8TH OR LESS  HIGH SCHOOL BUT NO DIPLOMA  HIGH SCHOOL GRAD OR GED  
 COLLEGE BUT NO DEGREE  COLLEGE DEGREE (SPECIFY)  ASSOCIATE  BACHELOR'S  MASTER'S  DOCTORATE

VETERAN  YES  NO (MOTHER'S MAIDEN NAME)

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

INFORMANT'S NAME: \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_

INFORMANT'S MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PLACE OF DISPOSITION: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

METHOD OF DISPOSITION:  BURIAL IN FLORIDA  CREMATION  DONATION  REMOVAL FROM FLORIDA  OTHER (SPECIFY) \_\_\_\_\_

#CC'S WITH CAUSE: \_\_\_\_\_ #CC'S WITHOUT CAUSE OF DEATH SHOWING: \_\_\_\_\_

\*\*FLORIDA LAW REQUIRES CERTIFIEDS WITHOUT CAUSE FOR REAL ESTATE TRANSACTIONS, FILING OR PROBATING OF A WILL IN FLORIDA!\*\*\*

**HOLLOWAY FUNERAL HOME (SERVICE FROM ALL OF FLORIDA) (800) 247-8315  
FAX FORM TO (800) 705-7505**