

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!*

AMBASSADOR MORTUARY SERVICE (SERVICE FROM ALL OF FLORIDA) (800)835-5185
FAX FORM TO (800) 705-7505