

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