

Referred By: \_\_\_\_\_ Case #: \_\_\_\_\_

Vital Statistics Form  
(This form must be typed or printed clearly)

Name: \_\_\_\_\_  
First Middle Last Suffix

Sex: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Armed Forces:  Yes  No Branch: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City State County

Place of Death: \_\_\_\_\_

Hospital  Residence  Hospice  Nursing Home/Assisted Living  Other

City: \_\_\_\_\_ Inside City Limits:  Yes  No County of Death: \_\_\_\_\_

Occupation: \_\_\_\_\_ (Do not use retired) Business: \_\_\_\_\_  
(Type of Business, i.e. factory, homemaker, etc.)

Marital Status:  Married  Widowed  Never Married  Married/Separated  Divorced

Spouse: \_\_\_\_\_ (If Wife, give maiden name)

Residence: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Inside City Limits:  Yes  No

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hispanic or Haitian Origin: (Circle which applies) If Yes: (Specify) \_\_\_\_\_

Race:  American Indian or Alaska Native  Asian  Black or African American  White  Other

Education:  8<sup>th</sup> Grade or Less  High School  Degree (AS, BS, MA, PHD)  Other

Father's Name: \_\_\_\_\_  
First Middle Last Suffix

Mother's Maiden Name: \_\_\_\_\_  
First Middle Last Suffix

Informant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*This form is used to complete the death certificate, which is a legal document and filed with the State of Florida. It is therefore important to fill completely and accurately with the proper spelling of names and places. Corrections to the death certificate require 6 – 8 weeks and there are fees that apply.*

*I certify that to the best of my knowledge that all information provided is true and correct.*

Signature of person completing form X \_\_\_\_\_