APPLICATION FOR A FLORIDA DEATH RECORD

(For County Health Department Use Only)

Levy County Health Department
P.O. Box 40
Bronson, FL 32621
(352) 486-5300
Vital Statistics office hours - 8:00 A.M. to 4:00 P.M.

TYPE OR PRINT

<table>
<thead>
<tr>
<th>NAME OF DECEASED (Registrant)</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SECURITY NUMBER (if known)</td>
<td>DATE OF DEATH - MONTH</td>
<td>DAY</td>
<td>YEAR (4 DIGIT)</td>
<td>IF YEAR NOT KNOWN, SPECIFY RANGE OF YEARS TO SEARCH</td>
</tr>
<tr>
<td>FLORIDA</td>
<td>PLACE OF DEATH - CITY</td>
<td>COUNTY (REQUIRED)</td>
<td>DEATH FILE NUMBER (if known)</td>
<td>N/A</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF FUNERAL HOME</td>
<td>NAME</td>
<td>ADDRESS (CITY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: Read the entire application form before completing. Cause of death is confidential.
To obtain and use a Florida death record under false or fraudulent purposes is a third-degree felony, punishable by the terms and conditions set forth in Florida Statutes.

FEE = $10.00 PER COPY

# OF COPIES WITHOUT CAUSE OF DEATH _______
# OF COPIES WITH CAUSE OF DEATH _______

FOR OFFICE USE ONLY

AUDIT CONTROL # __________________
RECEIPT # __________________
COMPLETED BY __________________
DATE __________________

Applicant's Name

<table>
<thead>
<tr>
<th>TYPE OR PRINT</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funeral Director/Attorney as Applicant for Cause of Death Information</td>
<td>LICENSE NUMBER</td>
<td>FUNERAL HOME OF RECORD</td>
<td>NAME OF PERSON REPRESENTED</td>
<td></td>
</tr>
<tr>
<td>STATE RELATIONSHIP TO DECEDED</td>
<td>SIGNATURE OF APPLICANT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME PHONE NUMBER</td>
<td>RESIDENCE STREET ADDRESS (AND APT.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORK PHONE NUMBER</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

When cause of death information is requested, the applicant must state relationship to decedent and provide photo identification such as driver's license, state identification card, passport, or military identification.

[] Check this block if certification(s) to be mailed to a different address. Space is provided on the reverse of this application for the name and address of the person to whom the death certificates are to be mailed.

DH Form 1961 (New 7/03)
INFORMATION / INSTRUCTIONS

This application is not to be used for requesting an amendment to a death record. If an amendment is required, use DH Form 433 (non medical amendment) or DH 434 (medical amendment).

AVAILABILITY: Death registration was not required by state law until 1917; however, it was many years before we had consistent registration. While there are some records on file dating back to 1877, not all events were registered.

ELIGIBILITY:

WITHOUT CAUSE OF DEATH: Any person of legal age (18) may be issued a certified copy of a death record without the cause of death.

CAUSE OF DEATH INFORMATION: Cause of Death for any record over 50 years old may be issued to any applicant. Death records less than 50 years old with the cause of death information included may only be issued to the following individuals: the decedent's spouse or parent; to the decedent's child, grandchild or sibling, if of legal age; to any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent, or to any person who provides documentation that he or she is acting on behalf of any of the above named persons. All requests for certification of a death certificate that includes the cause of death information must state the qualifying eligibility, or a notarized Affidavit to Release Cause of Death Information (DH Form 1959), which is available upon request. If after reading the above information you are still uncertain regarding your eligibility for cause of death information, call our office (904) 359-6900 extension 9000 for assistance.

A funeral director or attorney representing an eligible person as defined above must include their professional license number, and the name and relationship of the person they are representing, if requesting cause of death. If not representing someone identified above as eligible to receive cause of death information, then a completed Affidavit to Release Cause of Death Information (DH Form 1959) must accompany this request. SPECIAL NOTE: Florida clerks of court will not accept a death record with "cause of death information included" when filing probate.

DATE OF DEATH NOT KNOWN: If date of death is unknown, the entire year specified will be searched. If you do not know the year of the event and you wish to have more than one year searched, you must specify the span of years you wish searched (Example: 1970 to present) and pay the $2.00 per year for each additional year to be searched.

INFORMATION NEEDED: A search cannot be made without the decedent's name and year of death. If any of the other items requested in Section A on the front of this form are available, this information may be helpful to us in our search particularly when multiple records are found for common names. Please provide as much information as possible.

PROCESSING TIME: Normal response time is 10 – 14 business days; however, the processing time can exceed this timeframe dependent upon the volume of work received and the resources available at the time your request is received.

OPTIONS FOR RUSH SERVICE:

- CREDIT CARDS: The state office currently does not accept credit cards but there is a private firm that accepts such charges and transfers the requests to Vital Statistics for a fee of $5.00 plus a $10.00 Rush Fee charged by the State Office. Telephone number is (877) 550-7330 or fax (877) 550-9428. All requests taken by this firm will be expedited in our office with a processing time exceeding that of routine processing (usually 5-7 days response time). Certification(s) will be mailed 1st class mail unless special mailing is requested and paid for at the time of your order. If special mailing (UPS) is requested at the time you place your order with this contracted firm, the request will be processed in our office within 1-2 days.

- MAIL IN: Orders marked RUSH and with $10 rush fee included with the search fee, will be searched priority over routine processing (usually 3-5 days response time for Rush service). Include a self addressed stamped envelope with your request. Certification(s) will be mailed 1st class mail UNLESS a prepaid special mailing envelope is included with your request.

- WALK-IN SERVICE: Requests may be made at the state office in Jacksonville, located at 1217 Pearl Street. Orders prepaid before noon may be picked up after 3:30 p.m. Orders prepaid after noon may be picked up after 10:00 a.m. the next workday.

RECORD NOT FOUND: If a death record is not found, you will be issued a "not found" statement in lieu of the certification. Fees are nonrefundable, with one exception. Fees paid for additional copies when no record is found will be refunded upon written request.

MAIL THIS APPLICATION WITH PAYMENT TO

STATE OFFICE OF VITAL STATISTICS

ATTN: CLIENT SERVICES

P.O. BOX 210

Jacksonville, FL 32231-0042

PLEASE VISIT OUR WEBSITE

http://www.doh.state.fl.us/planning_eval/vital_statistics/index.html