



State of Florida, Department of Health
Application for Death record which Occurred in Baker County

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|--|--------------|--------|--|----------------|
| Name of Deceased (Registrant) | First | Middle | Last | Race |
| Social Security # (if known) | | | | Sex |
| Date of Death Approximate month & day | Month | Day | Specify exact year of series of years to be searched | |
| Place of death | City or Town | | County | FLORIDA |
| Name of funeral director | | | | |

**BEFORE ORDERING, PLEASE READ PAGE TWO OF THIS FORM.
 FEES ARE NONREFUNDABLE**

| | <u>Quantity</u> | <u>Amount</u> |
|--|--------------------------|---------------|
| Fee entitles the applicant to one certification of the registered death or a certified no record statement if no record is found | <input type="checkbox"/> | _____ |
| If the record requested is for a still birth Or fetal death record, indicate by Specifying this block | <input type="checkbox"/> | _____ |
| ADDITIONAL YEARS: \$2 per year. The Maximum search fee is \$55 regardless Of the total number of years to be searched | <input type="checkbox"/> | _____ |
| ADDITIONAL RECORDS: when ordered at The same time. \$4 each. | <input type="checkbox"/> | _____ |
| RUSH ORDERS: \$10 per order (optional). Envelope must be marked "RUSH"..... | <input type="checkbox"/> | _____ |
| PLEASE DO NOT | | |
| TOTAL ENCLOSED: Check or money order payable in U.S. dollars to Vital Statistics MAIL CASH | | _____ |
| Florida Law imposes an additional service charge of \$15 for dishonored checks. | | |

| | | |
|---|-------------------|---|
| Applicant's Name (must be typed or printed) | | Applicant's Signature |
| Home Phone Number | Work Phone Number | Cause of Death Requested (see back of form for eligibility) |
| Residence Address | Apt. No. | Relationship to deceased (must be completed when cause of death is requested) |
| City State | Zip Code | |

MAIL THIS APPLICATION TO VITAL STATISTICS? 480 WEST LOWDER ST. ? MACCLENNY, FL. ? 32063

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY: Death registration was not required by state law until 1917, but there are some records on file dating back to 1877.

ELIGIBILITY: Any person of legal age may be issued a certified copy of a death record without the cause of death.

CAUSE OF DEATH INFORMATION becomes public information 50 years following the event. However, prior to this time frame, cause of death information may only be issued to the decedent's spouse or parent, or to the decedent's child, grandchild, or sibling, if of legal age, or to any family member providing a will, insurance policy, or other document demonstrating their 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 stated persons.

NO RECORD: If the record is not on file, a certified "no record found" statement will be issued.

ADDITIONAL SEARCH: If the exact year of death is unknown, additional search years may be specified and searched at a fee of \$2 per year. The maximum search fee is \$55; thus there is no charge for years in excess of 26.

NONREFUNDABLE: Vital record fees are nonrefundable, with one exception. Fees paid for extra copies when no record is found will be refunded upon written request

PLEASE PRINT OR TYPE ... BE AS ACCURATE AND COMPLETE AS YOU CAN.

DATE OF DEATH: Entire year will be searched for each year specified, but day and month may help to identify in doubtful cases.

PLACE OF DEATH MUST BE FLORIDA: County is the most useful part of this item, but city or town may help.

MISSING DATA: If any of the items requested at the beginning of this form are unavailable, some other identifying information, e.g., parents' names may be helpful.

NORMAL RESPONSE: Normal response time is 10 days PLUS time required for postal transit both ways. However, response time may occasionally reach four weeks.

RUSH ORDERS (optional): Orders marked RUSH and with \$10 rush fee will be answered within three full workdays of receipt provided that the record and the application are complete and in order. When figuring response time on rush orders, please remember to allow for postal transit.

APPLICANT'S SIGNATURE is required, as well as his/her printed name, residence address and telephone number.

RELATIONSHIP TO REGISTRANT: When cause of death information is required, this item is required (see cause of death information)

MAIL THIS APPLICATION WITH PAYMENT TO:
BAKER COUNTY HEALTH DEPARTMENT, VITAL STATISTICS – 480 West Lowder Street, Macclenny, Florida 32063