FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

1. DECEDENT'S NAME *(First, Middle, Last, Suffix)*				2. SEX

3. DATE OF BIRTH *(Month, Day, Year)*	4a. AGE-Last Birthday *(Years)*	4b. UNDER 1 YEAR		4c. UNDER 1 DAY		5. DATE OF DEATH *(Month, Day, Year)*
		Months	*Days*	*Hours*	*Minutes*	

6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE *(City and State or Foreign Country)*	8. COUNTY OF DEATH

9. PLACE OF DEATH *(Check only one)*

HOSPITAL: ___ Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival

NON-HOSPITAL: ___ Hospice facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other *(Specify)*

10. FACILITY NAME *(If not institution, give street address)*	11a. CITY, TOWN, OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS? ___ Yes ___ No

12. MARITAL STATUS *(Specify)* ___ Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married	13. SURVIVING SPOUSE'S NAME *(If wife, give maiden name)*

14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION

14d. STREET ADDRESS	14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS? ___ Yes ___ No

15a. DECEDENT'S USUAL OCCUPATION *(Indicate type of work done during most of working life.)* Do not use "Retired"	15b. KIND OF BUSINESS/INDUSTRY

16. DECEDENT'S RACE *(Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)*

___ White ___ Black or African American ___ American Indian or Alaskan Native *(Specify tribe)*

___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian *(Specify)*

___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. *(Specify)* ___ Other *(Specify)*

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? ___ Yes *(If Yes, specify)* ___ No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American
(Specify if decedent was of Hispanic or Haitian Origin.) ___ Other Hispanic *(Specify)* ___ Haitian

18. DECEDENT'S EDUCATION *(Specify the decedent's highest degree or level of school completed at time of death.)*

___ 8th or less ___ High school but no diploma ___ High school diploma or GED

___ College but no degree College degree *(Specify):* ___ Associate ___ Bachelor's ___ Master's ___ Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes ___ No

20. FATHER'S NAME *(First, Middle, Last, Suffix)*	21. MOTHER'S NAME *(First, Middle, Maiden Surname)*

22a. INFORMANT'S NAME	22b. RELATIONSHIP TO DECEDENT	23a. INFORMANT'S MAILING - STATE

23b. CITY OR TOWN	23c. STREET ADDRESS	23d. ZIP CODE

24. PLACE OF DISPOSITION *(Name of cemetery, crematory, or other place)*	25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN