

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/Country)

Place of Death: _____

Hospital Residence Hospice Nursing Home/Assisted Living

City: _____ Inside City Limits: yes / no

County of Death: _____

Occupation: _____ (Do not use retired)

Business: _____ (Type of Business, eg. factory, homemaker)

Marital Status: _____ (Do not use single)

Married/Widowed/Never Married/Married, but Separated/Divorced

Spouse: _____ (If wife, give maiden name)

Residence: (Street & Number)

State: _____ County: _____ Inside City Limits: yes no

City: _____ Zip: _____

Hispanic or Haitian Origin: (Circle Which Applies) If yes: (specify) _____

Race: _____ (Do not use Hispanic)

Education: _____ (8th Grade or Less/High School/Degree: AS, BS, MA, PHD)

Father's Name: _____

First Middle Last

Mother's Maiden Name: _____

First Middle Last (Maiden Surname)

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 to 8 weeks and there are fees that apply. I certify that to the best of my knowledge that all information is true and correct.

Signature of person completing form X _____