



**MARTIN COUNTY HEALTH DEPARTMENT
OFFICE OF VITAL STATISTICS**

3441 SE WILLOUGHBY BLVD
STUART, FLORIDA 34994
OFFICE# (772) 221-4002
FAX# (772) 221-4990

HOURS OF OPERATION: MON-FRI 8:15 TO 4:15 PM

APPLICATION FOR FLORIDA DEATH CERTIFICATE

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide valid photo identification. Acceptable forms of identification are the following: Driver's license, State Identification Card, Passport, and/or Military Identification Card.

NAME OF DECEASED (REGISTRANT)	FIRST	MIDDLE	LAST	
DATE OF DEATH	MONTH	DAY	YEAR	
FLORIDA		PLACE OF DEATH-CITY	MARTIN	

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.

\$14.00 per Certified Copy of Death Certificate

Number of Certified Copies WITH Cause of Death _____

Number of Certified Copies WITHOUT Cause of Death _____

SEARCH FEE NON-REFUNDABLE: \$5.00 _____
(EACH YEAR SEARCHED OTHER THAN YEAR GIVEN)

DEATH CERTIFICATE ON FILE FROM 2003 TO PRESENT

Applicant's Name	FIRST	MIDDLE	LAST	
HOME PHONE NUMBER ()	RESIDENCE STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

STATE RELATIONSHIP TO DECEDENT: _____

SIGNATURE OF APPLICANT: _____

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.

