

APPLICATION FOR CERTIFIED COPY OF A BREVARD COUNTY DEATH RECORD

NAME OF DECEASED	FIRST	MIDDLE	LAST
DATE OF DEATH	MONTH	DAY	YEAR
PLACE OF DEATH	City	County BREVARD	State FLORIDA
NAME AND ADDRESS OF FUNERAL HOME (if known)	NAME		FILE NUMBER (if known)
	ADDRESS		CITY, STATE, ZIP

IMPORTANT: Read the entire application form before completing. (*) Cause of death is confidential.
If requesting cause of death, see eligibility requirements on the reverse side of the application form.
 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.

	Quantity	Cost	Total Amount Enclosed
WITH Cause of Death (*)		\$9.00 per copy	\$
WITHOUT Cause of Death		\$9.00 per copy	
VA COPY		FREE	
SHIPPING & HANDLING for Mail-In Requests ONLY		\$1.00 per order	
RUSH FEE for Fax Orders with Credit Card payment ONLY		\$10.00 per order	
Next Day Delivery		\$18.00 per order	
Fees entitles the applicant to a certified copy of a registered death			

Acceptable forms of payment: Cash, Local (Florida) Check, Money Order, Visa, Mastercard & Debit Cards.
 Please do not mail cash with your mail-in request.
 No out of state checks accepted. Mail **MONEY ORDERS ONLY**.
 Make check or Money Order payable to **BREVARD COUNTY HEALTH DEPT.**
 Credit Card Authorization required for mail and fax orders.

(*) When cause of death information is requested, the applicant must state his/her relationship to the decedent and provide photo identification such as driver's license, state identification card, passport, or military identification. This applies to in person, mail, and fax orders.

Applicant's Name (print)	Relationship to Deceased
Applicant's Signature	Driver's License Number
Address	Reason for Request (i.e.: insurance, probate, closing of accounts)
City, State, Zip Code	Phone Number
Funeral Director / Attorney As Applicant for Cause of Death Information	License Number _____ Funeral Home of Record _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Name of Person Represented and Relationship to Deceased _____

Mail to: Department of Health, Vital Statistics, 2575 N. Courtenay Pkwy., Suite 104, Merritt Island, FL 32953
Or Apply in person: Monday through Friday from 8:00 AM to 4:00 PM
For questions and additional information please call (321) 454-7163 from 8:00 AM to 4:00 PM Eastern Time

For Office Use Only: HCMS _____ Tracking/Paper # _____

INFORMATION AND INSTRUCTIONS FOR BREVARD COUNTY DEATH RECORD APPLICATION

Our office issues certified copies of death records once the required fee is received and the eligibility requirements listed below have been met.

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.

WITH CAUSE OF DEATH INFORMATION: Death records with the cause of death information may only be issued to the following individuals: 1) the decedent's spouse or parent; 2) to the decedent's child, grandchild or sibling, if of legal age; 3) 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 4) 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 include the signature of the applicant, state his or her qualifying eligibility, or a notarized Affidavit to Release Cause of Death Information (DH Form 1959), which is available upon request.

The funeral director associated with the funeral home listed on the death record, or attorney representing an eligible person listed above must include their signature, professional license number, and the name and relationship of the person they are representing. If you are a funeral director **not** associated with the funeral home listed on the death record, or an attorney not representing someone listed 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.

NOTE: Florida Clerks of Court will **not** accept a death record with the cause of death information when filing probate.

APPLICANT'S SIGNATURE: Applicant's signature is required, as well as his/her name, valid residence address and telephone number.

PROPER IDENTIFICATION: When cause of death information is requested, *proper identification is required*, such as driver's license, state identification card, passport or military identification.

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