



# Death Certificate Information Form



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Questions on this form relate to information necessary to comply with the State of Florida Vital Statistics Office, who issue certified death certificates.

Forms must be legible, in print & accurate.

1. Decedent's Full Legal Name: \_\_\_\_\_  
(No Initials)                      First                      Middle (or write "No Middle Name")                      Last

2. Residence : \_\_\_\_\_ City: \_\_\_\_\_  
Inside City Limits? Y/N Spell State : \_\_\_\_\_ Zip Code : \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

3. Social Security : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      4. Present age: \_\_\_\_\_      5. Sex : M F - circle one

6. Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_  
Spell month                      Day                      Year                      Spell state

7. Were they ever in the U.S. armed forces? ( Yes or No) \_\_\_\_\_ ; if yes, specify branch: \_\_\_\_\_  
then also was cause of death service connected? Yes or No \_\_\_\_\_

8. Occupation spent the longest time at? Position : \_\_\_\_\_ Industry : \_\_\_\_\_

9. Legal Marital Status, circle one : Married - Never married - Widowed - Divorced  
If Married, Spouse : \_\_\_\_\_  
First                      Middle                      Maiden - (At Birth)

10. Are they of Hispanic origin ? Yes or No - circle one.  
if yes, specify : Hatian - Mexican - Cuban - Puerto Rican, or : \_\_\_\_\_

11. Race : White - Black - American Indian - etc. (circle one or specify) : \_\_\_\_\_

12. Years of education: \_\_\_ High School Diploma? Yes-No / College Degree? Yes-No if so Specify: \_\_\_\_\_

13. Father's Full Name: \_\_\_\_\_

14. Mother's Full Name (Maiden) \_\_\_\_\_

15. Return ashes to: \_\_\_\_\_

16. Next of Kin (Not Spouse) : Name : \_\_\_\_\_ Relationship : \_\_\_\_\_  
Address : \_\_\_\_\_ Phone : \_\_\_\_\_

**By my signature I acknowledge that the above information will be relied on for the death certificate**

**I affirm that I have proofread for accuracy of dates, numbers and spelling.**

x \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Optional: E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Drivers License Number or State ID: \_\_\_\_\_ State : \_\_\_\_\_ Issued : \_\_\_\_\_

( Photo copies of this form may be submitted or call 1-800-756-2311 to receive by mail.)