

AFFIDAVIT TO RELEASE CAUSE OF DEATH INFORMATION

(If you are eligible to receive the death certificate requested below, you may use **this form** to name another person to receive the death certificate for you.)

State of: _____ County of: _____

My Name is: *(print name)* _____ .

I am eligible, by law, to receive the death certificate requested below, because I am the: *(check one)*

- ___ Surviving spouse listed on the death certificate.
- ___ Parent listed on the death certificate.
- ___ Child (or grandchild) of the decedent and of legal age (18).
- ___ Sibling of the decedent and of legal age (18).
- ___ Representative of one of the above (Documentation required).
- ___ Other: beneficiary or other interest in the estate (Documentation required).

I authorize the Department of Health, Office of Vital Statistics to issue the death certificate with cause of death of:

_____ to _____.
(person named on death certificate) (print name of person to receive death certificate)

(Required) I have attached a photocopy of my valid photo ID:

_____ .
type of Identification attached (If attorney or funeral director, only bar or license number required)

NOTE: Pursuant to s. 382.026, Florida Statutes, it is a 3rd degree felony to obtain and use a Florida death record fraudulently, punishable as set forth in s. 775.082, s. 775.083, or s. 775.084, Florida Statutes.

I hereby swear or affirm the above statements are true and correct.

(signature of person checked above)

Subscribed and sworn before me this _____ day of _____, 20____ by

_____, who is: ___ personally known to me, or, ___ who has
(print name of person checked above)

produced _____ as Identification. My Commission Expires: _____.
(type of Identification produced)

(signature of notary)

(print, type or stamp name of notary)

(SEAL)

Even if personally known by the notary, the rules of the Department of Health require the person completing this form to provide a photocopy of valid photo identification.