



AFFIDAVIT TO RELEASE CAUSE OF DEATH INFORMATION

ATTENTION: This form must be completed in the presence of a Notary Public

State of: _____

County of: _____

AFFIDAVIT TO RELEASE CAUSE OF DEATH INFORMATION

By Law, Death Certificates with cause of death information may only be issued to the decedent's spouse, parent, or to the decedent's child, grandchild, or sibling, if of legal age (18), or 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 to any person who provides documentation that he or she is acting on behalf of the above-stated persons.

PLEASE NOTE: To obtain and use a Florida death record under false or fraudulent purpose is a third degree felony, punishable by the terms and conditions as set forth in Florida Statutes.

BEFORE ME, the undersigned authority, personally appeared _____,
(Print Name of Person Giving an Affidavit)

who after being duly sworn and deposes:

My name is _____. I am authorized by law to receive the death certificate including
(Print Name of Person Giving Affidavit)
cause of death information of _____. I am the (check applicable box)
(Print Decedent's Full Name)

- Surviving spouse listed on the death certificate.
- Parent(s) listed on the death certificate.
- Child of the decedent.
- Sibling of the decedent.
- Legal representative of one of the above named.
- Other: Specify: _____

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

_____ to _____
(Print Decedent's Full Name) (Print Name of Person Authorized to Receive Death Certificate with Cause of Death included)

FURTHER AFFIANT SAYETH NAUGHT

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

(Signature of person authorized to release Death Certificate with Cause of Death)

Subscribed and sworn to before me this _____ day of _____, 20____ by
_____, who is: Personally Known by me or Produced
(Print Name of Authorized Individual)
Identification _____. My Commission Expires: _____.
(Type of Identification Produced)

(Signature of Notary Public) (Print, Type or Stamp Commissioned Name of Notary Public)