A COMMUNITY FUNERAL HOME & SUNSET CREMATIONS

910 W. Michigan Street Orlando, Florida 32805
Phone Number (407) 841-4424
Fax Number (407) 841-4454

To: Fax:
From: Date:
CC: File Number of pages:

PLEASE COMPLETE THE INFORMATION BELOW AND FAX BACK TO US AT: (407) 841-4454

Cost for certified death certificates per copy:
Orange County $10.00 First, Additionals $5
Osceola County $10.00
Seminole County $10.00
Brevard County $9.00
Lake County $12.00
Polk County $10.00
Volusia County $7.00

Number of Death Certificates requested:
_____ with the cause of death listed
_____ without the cause of death listed

NOTE: FLORIDA CLERKS OF COURT WILL NOT ACCEPT A DEATH RECORD WITH CAUSE OF DEATH INFORMATION WHEN FILING PROBATE.

1. DECEDENT'S NAME (First, Middle, Last, Suffix)					2. SEX
3. DATE OF BIRTH (Month, Day, Year)	4a. AGE-Last Birthday (Years)	4b. Under 1 YEAR Months	Days	4c. Under 1 DAY Hours / Minutes	5. DATE OF DEATH (Month, Day, Year)
6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City and State of foreign Country)				8. COUNTY OF DEATH

9. PLACE OF DEATH (Check only one)
HOSPITAL: ___ Inpatient ____ Emergency room/Outpatient ____ Dead on Arrival
NON-HOSPITAL: ___ Hospice Facility ____ Nursing Home/Long Term Care Facility ____ Decedent's Home ___Other (Specify)

10. FACILITY NAME (If not institution, give street address)	11a. CITY, TOWN, OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS? ☐ YES ☐ NO
12. MARITAL STATUS (Specify) ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married	13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION
14d. STREET ADDRESS	14e. APT. NO. / 14f. ZIP CODE	14g. INSIDE CITY LIMITS? ☐ YES ☐ NO
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use "Retired"	15b. KIND OF BUSINESS/INDUSTRY	

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified)
☐ White ☐ Black or African American ☐ American Indian or Alaskan Native (specify tribe)
☐ Asian Indian ☐ Chinese ____ Filipino ☐ Japanese ☐ Korean ____ Vietnamese ☐ Other Asian (Specify)
☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl. (Specify) ☐ Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? ☐ Yes (If Yes, Specify) ☐ No ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Central/South American
(Specify if decedent was of Hispanic or Haitian Origin) ☐ Other Hispanic (Specify) ☐ Haitian

18. DECEDENT'S EDUCATION (specify the decedent's highest degree or level of school completed at time of death.)
☐ 8th or less ☐ High School but no diploma ☐ High school diploma or GED
☐ College but no degree College degree (Specify): ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☐ No

20. FATHER'S NAME (First, Middle, Last, Suffix)	21. MOTHER'S NAME (First, Middle, Maiden Surname)	
22a. INFORMANT'S NAME	22b. RELATIONSHIP TO DECEDENT	23a. INFORMANT'S MAILING - STATE
23b. CITY OR TOWN	23c. STREET ADDRESS	23d. ZIP CODE
24. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN