



State of Florida Department of Health - Office of Vital Statistics

Section A.

APPLICATION FOR APPOINTMENT OF SUBREGISTRAR OF VITAL STATISTICS

Funeral/Direct Disposal Establishment: _____

Establishment License/Registration Number: _____

ADDRESS: _____
Street City Zip Code

Application is hereby made for _____
To be commissioned as a Sub-registrar of Vital Statistics located at the above-named establishment. This person is now
commissioned as a Notary Public in and for the State of Florida.

Signature of Funeral Director/Direct Disposer in charge FE License Number Date Signed

Section B.

APPLICANT INFORMATION

Have you previously been commissioned as a sub-registrar in Florida? Yes _____ No _____

If yes, give name of establishment, county, and date of commission:

Establishment Name County Date of Commission

Have you ever been commissioned under another name? Yes _____ No _____

If yes, give name under which previously commissioned: _____

Has your commission ever been revoked? Yes _____ No _____

Has disciplinary ever been taken against you by this department? Yes _____ No _____

If yes, give explanation for either:

Section C.

TRAINING INFORMATION

Sub-registrar training given by: _____ County _____
Name of Trainer Title

Date training completed: _____

Section D.

SUB-REGISTRAR'S ACCEPTANCE

I, _____, hereby accept the appointment as Sub-registrar of Vital Statistics for all districts, State of Florida. I hereby bind myself to discharge the duties of a sub-registrar according to Chapter 382, Florida Statutes, and to observe all rules and regulations of the Department of Health and instructions of the State Registrar.

IN WITNESS WHEREOF, I have hereunto affixed my signature, on this date: _____

Signature: _____

Date my commission expires: _____

AFFIX
NOTARY STAMP OF
THE APPLICANT

Witness to Signature

Section E.

RECOMMENDATION OF LOCAL REGISTRAR

As Local Registrar for the district in which the above-named establishment is located, I make the following recommendation on this application:

Recommend Approval: YES _____ NO _____

Recommend Disapproval for the following reason: _____

Signature of Local Registrar

Date Signed