



DEATH CERTIFICATE ORDER FORM

Public Health & Social Services
Vital Records
360 NW North St
Chehalis, WA 98532

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO:			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

To receive a death certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.

SELECT RELATIONSHIP	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> CHILD	<input type="checkbox"/> PARENT	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> STEPCHILD
	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> GREAT GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN
	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE	<input type="checkbox"/> COURTS	<input type="checkbox"/> GOVERNMENT AGENCY	
	<input type="checkbox"/> TITLE INSURER/TITLE INSURANCE AGENT – SHORT FORM ONLY – no cause of death or SSN & only available for deaths registered after 1/1/2018				
	<input type="checkbox"/> DETERMINATION RELATED TO THE DEATH/PROTECTION OF A PERSONAL/PROPERTY RIGHT RELATED TO THE DEATH SHORT FORM ONLY – no cause of death or SSN & only available for deaths registered after 1/1/2018				
	<input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT – ONLY VALID WITHIN 12 MONTHS FROM DATE OF DEATH				
<input type="checkbox"/> PERSON WHO HAS RIGHT TO CONTROL DISPOSITION OF REMAINS UNDER RCW 68.50.160 NAMED ON THE RECORD					

All the following fields must be completed to process the order.

DEATH RECORD DETAILS	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
	DATE OF DEATH:		CITY OR COUNTY OF DEATH:
	OTHER NAMES, IF KNOWN (EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):		SPOUSE(S), IF KNOWN:
	DATE OF BIRTH, IF KNOWN:		PLACE OF BIRTH, IF KNOWN:

- I have included a COPY of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee. See instructions for more information.
- By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).

SIGNATURE (APPLICANT)

DATE SIGNED: (MM/DD/YYYY)

FEES: (Check the box to select order type then enter the quantity.)				
<input type="checkbox"/> Processing fee (per record)		x	\$5	=
<input type="checkbox"/> Same day service fee (per record)		x	\$5	=
<input type="checkbox"/> Total number of CERTIFIED certificates		x	\$25	=
<input type="checkbox"/> Total number of LONG FORM certificates				=
<input type="checkbox"/> Total number of SHORT FORM certificates				=
<input type="checkbox"/> Shipping of vital record (without tracking)			\$7	=
<input type="checkbox"/> Shipping of vital record via certified (with tracking)			\$15	=
TOTAL AMOUNT DUE: (ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)				

MAKE CHECKS & MONEY ORDERS
PAYABLE TO: LCPH
NO REFUNDS