# DEATH CERTIFICATE ORDER FORM

## NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):

## ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)

<table>
<thead>
<tr>
<th>CITY:</th>
<th>STATE:</th>
<th>ZIP CODE:</th>
<th>COUNTRY:</th>
</tr>
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<table>
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<tr>
<th>DAYTIME TELEPHONE NUMBER:</th>
<th>EMAIL ADDRESS:</th>
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## 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.

- ☐ SPOUSE/DOMESTIC PARTNER
- ☐ CHILD
- ☐ PARENT
- ☐ STEPPARENT
- ☐ STEPCHILD
- ☐ SIBLING
- ☐ GRANDPARENT
- ☐ GRANDCHILD
- ☐ GREAT GRANDPARENT
- ☐ LEGAL GUARDIAN
- ☐ LEGAL REPRESENTATIVE
- ☐ AUTHORIZED REPRESENTATIVE
- ☐ COURTS
- ☐ GOVERNMENT AGENCY

- ☐ SHORT FORM ONLY: TITLE INSURER/TITLE INSURANCE AGENT
- ☐ SHORT FORM ONLY: DETERMINATION RELATED TO THE DEATH/PROTECTION OF A PERSONAL/PROPERTY RIGHT RELATED TO THE DEATH
- ☐ FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH
- ☐ PERSON WHO HAS RIGHT TO CONTROL DISPOSITION OF REMAINS UNDER RCW 68.50.160 NAMED ON THE RECORD

## FIRST NAME(S):

## FULL MIDDLE NAME(S):

## LAST NAME(S):

## APPROXIMATE DATE OF DEATH: (MONTH & YEAR):

## 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:

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**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):**

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Total number of certified LONG FORM certificates: Quantity______ $25.00 each _______

Total number of certified SHORT FORM certificates: Quantity______ $25.00 each _______

Payment: Cash, Check#______, Credit/Debit card (using a credit/debit will add a service fee)