



DEATH CERTIFICATE ORDER FORM

**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: LCPH
NO REFUNDS**

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	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"/> STEPCCHILD
	<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"/> SHORT FORM ONLY: TITLE INSURER/TITLE INSURANCE AGENT				
	<input type="checkbox"/> SHORT FORM ONLY: DETERMINATION RELATED TO THE DEATH/PROTECTION OF A PERSONAL/PROPERTY RIGHT RELATED TO THE DEATH				
	<input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT 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				

DEATH RECORD DETAILS	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:	

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): _____

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)