

## Funeral Home Death Certificate Request Form

Number of certified copies with "Cause" _____	x \$25 each	\$ _____
Number of certified copies if "Pending" _____	x \$25 each	\$ _____
Number of re-issues* _____ <span style="margin-left: 100px;"><i>First</i>      <i>Add'l</i></span>	x \$10 each	\$ _____
One certified VA copy** _____	No charge	\$ N/A
Handling fee _____	x \$2 per mailed order	\$ _____
<b>Total due</b>		<b>\$ _____</b>

(All death certificates ordered will be Certified Long Form copies)

### Decedent Information (Please Print)

First:	Middle:	Last:
Date of death:	City of death:	
Funeral home:		

#### Order will be:

- Picked Up by Authorized Funeral Home Representative**
- Mailed to Funeral Home Listed on Death Record**

#### If requested to be mailed to third party:

Copies of identification and proof of eligibility documentation will be **REQUIRED**. See Chapter 70.58A RCW. A verification and record retention fee of \$15 will be added to total due.

Recipient's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Apt/Ste # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

#### Payment Due Upon Receipt

Pay online at [www.snohd.org](http://www.snohd.org) or make checks payable to "Snohomish Health District", or "SHD"

*Note: Funeral home certificates will not be released until past due portion is received and paid in full*

\*Must return incorrect certified copies to reissue certificates

\*\*Include a copy of decedent's DD 214 or other military separation document with your order

Snohomish Health District  
Vital Records  
3020 Rucker Avenue, Suite 104  
Everett, WA 98201

Phone: 425.339.5290  
VitalstatsDG@snohd.org

Official Use Only	
Invoice # _____	
Mailed	Picked Up
Initial: _____	
Date: _____	