

Application for Washington State Death Certificate

Pursuant to the Revised Code of Washington 70.58.107, if we cannot fill your order because there is no matching record or because you cannot provide the required information, we are required to charge you an \$8 search fee instead of the \$20 per certificate fee. In that case, we will provide a partial refund to you.

APPLICANT INFORMATION (Person requesting)				
YOUR NAME			DATE	
STREET ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE	

SHIP TO ADDRESS, IF OTHER THAN APPLICANT				
SHIP-TO-NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

REQUESTED CERTIFICATE		
DECEDENT'S FIRST NAMES	DECEDENT'S MIDDLE NAMES	DECEDENT'S LAST NAMES
DATE OF DEATH	PLACE OF DEATH (city or county)	

FOR CLAIMS PENDING BEFORE THE VETERANS ADMINISTRATION, CHECK BOX TO REQUEST A VA COPY.	<input type="checkbox"/>
Include a copy of the decedent's DD-214	

PAYMENT INFORMATION			
NOTE: SNOHOMISH HEALTH DISTRICT DOES NOT ACCEPT CASH FOR MAIL-IN ORDERS			
Make checks or money orders payable to Snohomish Health District. All checks must have your current address and phone number.			
Mail this form with fee or order in person: Snohomish Health District Vital Records 3020 Rucker Ave STE 104 Everett WA 98201			
NUMBER OF CERTIFIED COPIES	X \$20.00/each = \$	+ Handling fee(add \$2.00 per mailed order)	Total \$

OFFICE USE ONLY					
Received	Amount	Issued	Mailed	Pick-up	Paper Number

Vital Records

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5218 ■ tel: 425.339.5290