

Death Certificate Request by Funeral Home

of certified copies with "Cause" _____ at \$20 each = \$ _____

of certified copies if "Pending" _____ at \$20 each = \$ _____

Certified copy for VA (no charge) _____

of re-issues _____ \$ _____
(must return incorrect certified)

Handling fee per mailed order (add \$2.00) \$ _____

Total amount: \$ _____

OFFICIAL USE ONLY

If not on direct billing make checks or money orders payable to "Snohomish Health District" or "SHD."

DEATH INFORMATION (PLEASE PRINT)

Name of deceased: _____
(first) (middle) (last)

Date of death: _____

City of death: _____

Funeral home (if known): _____

Bill funeral home

MAIL TO:

Your name: _____

Mailing address: _____ Apt # _____

City/state/zip: _____

Telephone: _____ Date: _____

Snohomish Health District
 Vital Records
 3020 Rucker Avenue, Suite 104
 Everett, Washington 98201
 Phone: 425.339.5290
 Fax: 425.339.5218