

# Death Certificate Order Form

Quantity: \_\_\_\_\_ Certified copies @ \$20.00 each = \$ \_\_\_\_\_  
If mailed, add \$2.00 handling fee \$ \_\_\_\_\_  
Total Amount \$ \_\_\_\_\_

**SNOHOMISH HEALTH DISTRICT**  
**VITAL STATISTICS, Suite 102**  
**3020 RUCKER AVE**  
**EVERETT WA 98201**  
**425.339.5290**

Payment: Cash, check/money order, credit or debit card

**(If paying by check, make check payable to "SHD" or "Snohomish Health District")**

## DEATH INFORMATION:

Name of deceased: \_\_\_\_\_  
(first) (middle) (last)

Date of Death: \_\_\_\_\_

City of Death: \_\_\_\_\_

Funeral Home (if known): \_\_\_\_\_

## REQUESTED BY:

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

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

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

OFFICIAL USE ONLY



**SNOHOMISH**  
HEALTH DISTRICT

(Rev 2-29-2012)