

MAIL ORDERS TO:
KING COUNTY VITAL STATISTICS
MAILBOX 359784
325 NINTH AVE
SEATTLE, WA 98104-2499

DEATH CERTIFICATE MAIL ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD PARTY VENDOR
TO OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS
FORM

**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: KCVS
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)	DATE SIGNED: (MM/DD/YYYY)
-----------------------	---------------------------

FEES: (Check the box to select order type then enter the quantity.)

<input type="checkbox"/> Total number of certified LONG FORM certificates		x	\$25	=	
<input type="checkbox"/> Total number of certified SHORT FORM certificates		x	\$25	=	
ORDER BY MAIL: (WITH CHECK OR MONEY ORDER)					
<input type="checkbox"/> Handling Fee		+	\$4	=	
ORDER MY MAIL: (USING DEBIT OR CREDIT CARD)					
Handling Fee		+	\$12.50	=	
<input type="checkbox"/> *USPS Express Mail Delivery: (No PO Box)		+	\$18.50	=	
<input type="checkbox"/> USPS to AK/HI/Canada/Mexico: (No PO Box)		+	\$25.50	=	
CARD #:	EXP:				
TOTAL AMOUNT DUE					
(ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)					

FOR OFFICE USE ONLY

<input type="checkbox"/> NM	<input type="checkbox"/> NI	<input type="checkbox"/> NR	<input type="checkbox"/> SIE	<input type="checkbox"/> MD
<input type="checkbox"/> MR	<input type="checkbox"/> PCOD	<input type="checkbox"/> NQ	<input type="checkbox"/> IA	
<input type="checkbox"/> CALLED	DATE:	INITIALS:		
<input type="checkbox"/> EMAILED	DATE:	INITIALS:		
<input type="checkbox"/> LETTER SENT	DATE:	INITIALS:		
OTHER:				
<input type="checkbox"/> NOTATED IN WHALES	FEE#			
COUNTRY:				

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov