

WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

314 West Main Street • PO Box 1753 • Walla Walla, WA 99362
Main Telephone: (509) 524-2650 • Confidential Fax: (509) 524-2642 • Main Fax: (509) 524-2678

DEATH CERTIFICATE ORDER FORM

ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR REDEX ORDERS) CITY: STATE: ZIP CODE: COUNTRY: CITY: STATE: ZIP CODE: COUNTRY: CITY: STATE: ZIP CODE: COUNTRY: COUNTRY		NAME OF PERSON/COMPANY ORDERING	CERTIFICATE	/S).												
LONG FORM	Z	NAME OF PERSON/COMPANT ORDERING	CERTIFICATE	(3).												
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☐ Total number of certified SHORT FORM certificates	FEES: (Check the box to select order type then enter the quantity.)											Office Use Only				
□ Total number of INFORMATIONAL FORM x \$25 = Issued SHIPPING Date	☐ Total number of certified LONG FORM certificates x				\$25	=				Recei	pt					
□ Total number of INFORMATIONAL FORM	☐ Total number of certified SHORT FORM certificates x				\$25	=				Certif	icate					
Shirring Local **	☐ Total number of INFORMATIONAL FORM x					=										
Local **		SHIPPING								Date						
	□ Mail Shipping \$5 =									Local	e.					

TOTAL AMOUNT DUE

(ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)

Number

Number

State