



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

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:		

LONG FORM
 SHORT FORM
 INFORMATIONAL FORM
 (Do not complete 'Select Relationship' if getting Informational Form)

NONCERTIFIED INFORMATIONAL COPIES OF DEATH RECORDS ARE NOT ISSUED ON CERTIFIED PAPER AND CANNOT BE USED FOR LEGAL PURPOSES. COPIES WILL CONTAIN A WATERMARK STATING THAT IT IS FOR INFORMATIONAL PURPOSES ONLY. THE INFORMATIONAL DEATH COPY WILL NOT DISPLAY CAUSE AND MANNER OF DEATH OR DECEDENT'S SSN.

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"/> STEPCHILD
	<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)
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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	=
<input type="checkbox"/> Total number of INFORMATIONAL FORM		x	\$25	=
SHIPPING				
<input type="checkbox"/> Mail Shipping			\$5	=
TOTAL AMOUNT DUE (ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE) No Refunds				

Office Use Only	
Receipt	
Certificate Issued	
Date	
Local Number	
State Number	