Washington State Death Certificate Order



For certified copies of death records for all who died within Seattle's city limits, for those who died in greater King County since 1944, and for all Washington State deaths that have been filed electronically (starting in 2005).

King County Vital Statistics www.kingcounty.gov/health/vitalstats 206-897-5100

Pursuant to the Revised Code of Washington 70.58.107, if we cannot fill your order because there is no matching record or because you cannot provide the required information, we are required to charge you an \$8 search fee instead of the \$20 per certificate fee. In that case, we will provide a partial refund to you. However, if your order is for a recent death, we will hold it until the funeral home has filed the certificate and fill your order at that time.

APPLICANT NA	ME AND MA		S	
Applicant's Name				Daytime phone
Street Address				Email address
City	State	Zip Code	Country (if not USA)	Your relationship to the person on the certificate

SHIP-TO ADDRESS IF OTHER THAN	APPLICANT			
Ship-to Name	Street Address	City	State	Zip Code

CERTIFICATE INFORMATION			
Decedent's First Names	Decedent's Middle Names		Decedent's Last Names
Date of Death (or up to a 10-year range)	Place of Death (city or county)		Your relationship to the decedent
Funeral Home Name (if application is from a funeral facility)		Funeral Home Account Number (Funeral Home Use Only)	

FOR CLAIMS PENDING BEFORE THE VETERANS ADMINISTRATION, CHECK BOX TO REQUEST A VA COPY

Include a copy of the decedent's DD-214 or other separation document with your order. The \$4.00 handling fee applies even if no certified copies are ordered.

PAYMENT OPTIONS		
Pay by check or money orde	er payable to "Vital	Statistics":
Number of certified copies:	x \$20.00 =	\$
	+ handling fee	\$ 4.00
	Total amount	\$
Pay by debit or credit card:	complete below,	or order online at
<u>w</u>	ww.kingcounty.gov	<u>/health/vitalstats</u>
Number of certified copies:	x \$20.00 =	\$
	+ handling fee	\$ 12.50
	Total amount	\$
Card #:		Ехр:
Name on card and billing add	dress is:	
same as applicant sam	e as shipping 🛛 🗌 co	mpleted below
Name on Card	Billing Address	

		OFFICE USE C	ONLY	
Check	Cash	Credit/Debit	Amount:	
Received				
Issued				
Mailed				
				🗌 Pick-up

Mail this form to: King County Vital Statistics

Mailbox 359784 325 Ninth Ave Seattle, WA 98104-2499

Order in person:

King County Vital Statistics

Harborview Medical Center Ninth & Jefferson Building 908 Jefferson Street, 2nd Floor Seattle, WA 98104