Death Certificate Fax Order Form 206-897-4580



umber of Certificates Order	ring: certific	ed copies @ \$20.00 e	ach (plus \$12.50	handling fee per or	rder)	
Applicant Information						
			()		
Your Name				ne Phone		
Company Name (if applicable)			Email A	Addresss (optional		
Address (street address required if UPS delivery is desired)			Your R	Your Relationship to the Person on the Certificate		
City	State	Zip Code		Country		
Certificate Information						
Name on Certificate:						
First	Name(s)	Middle Name(s)		Last Name	e(s)	
Approximate Date of Death or 10	0-Year Search Range: _				_	
City or County of Death:		Age at l	Death if Know	n:		
Shipping Information						
J 🗆	US Mail -or- UPS rush delivery, <i>sig</i> i <u>p to a different addre</u>	•			ot deliver to PO Bo	
Name				_()_ Daytime Phone		
Address Line 1						
Address Line 2 (optional)						
City	State	Zip	Code		Country	
Payment Information (cred	it and debit cards acco	epted)				
Card number:				Exp date:		
Select card name/billing addr		cant -or- ing -or- complete bel	<u>ow</u>			
-	Name					

Please Note: Any time a record is searched for and is not found, an \$8.00 search fee is charged per the Revised Code of Washington (RCW 70.58.107).

Contact King County Vital Statistics at 206-897-5100 if you have questions or need assistance.