

MAIL ORDERS TO:

KING COUNTY VITAL STATISTICS 201 South Jackson St #220 Seattle, WA 98104-3854

DEATH CERTIFICATE ORDER FORMS for Funeral Homes and Billed Accounts

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	COMPANY ORDERING CERTIFICATE / Name of Person(s):				ACCOUNT NUMBER:					
	ADDRESS:									
ICANT II	CITY:	STATE:	ZIP CODE:		COUNTRY:					
APPI	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.										
	☐ FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH									
	☐ COURTS ☐ GOVERNMENT AGE	NCY								
FIRST	NAME(S):	FULL MIDDLE NAME(S): LAST NAME(S):		LAST NAME(S):						
DATE	OF DEATH:	CITY OR COUNT		CITY OR COUNTY	OF DEATH:					
SWORN STATEMENT	☐ 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). ☐ I have included a copy of my identity document(s) and proof of eligibility document(s), if needed.									
	SIGNATURE (APPLICANT)	DATE SIGNED: (MM/DD/YYYY)								

FEES: (Check the box to select order type then enter the quantity)					
☐ Total number of certified LONG FORM certificates	number of certified LONG FORM certificates		\$25	"	
☐ Total number of certified SHORT FORM certificate		Χ	\$25	Ш	
□ VA / DD214 / VA Letter Only		+	\$0	Ш	\$0
	TOTAL AMOUNT DUE \$		\$		

FOR OFFICE USE ONLY								
V42	V32	V20	Cert #					
DATE RECEIVED	:	INITIALS:						
DATE ISSUED:		INITIALS:						
DATE QA/MAILE	ED:	INITIALS:						

Email form to VRDCert@kingcounty.gov or send to mailing address listed above