

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).

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 INFORMATION				
YOUR NAME			DAYTIME PHONE	
STREET ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP CODE	COUNTRY (if not USA)	
				YOUR RELATIONSHIP TO THE PERSON ON THE CERTIFICATE

REQUESTED CERTIFICATE		
DECEDENT: 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)	AGE AT DEATH (if known)
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 <input type="checkbox"/>
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.

ORDER BY MAIL (WITH CHECK OR MONEY ORDER)
MAIL FORM WITH PAYMENT TO: Vital Statistics Mailbox 359784 325 Ninth Ave Seattle, WA 98104-2499 (Payable to Vital Statistics)
Number of certificate copies: _____ x \$20.00 = \$ _____ PLUS HANDLING FEE + \$ 4.00 Total amount = \$ _____
Please note: Refunds not issued for less than \$5.00
ORDER BY MAIL (WITH DEBIT OR CREDIT CARD)
(or order online at www.kingcounty.gov/vitalstats)
Number of certificate copies: _____ x \$20.00 = \$ _____ PLUS HANDLING FEE + \$ 12.50 Total amount = \$ _____
Card #: _____ Exp: _____ Name on card and billing address is: <input type="checkbox"/> same as applicant <input type="checkbox"/> same as shipping or <input type="checkbox"/> as below
Name on Card _____ Billing Address _____

ORDER IN PERSON
BRING THIS FORM TO: King County Vital Statistics Harborview Medical Center Ninth & Jefferson Building 908 Jefferson Street, 2 nd Floor Seattle, WA 98104
Number of certified copies: _____ x \$20.00 = \$ _____ NO OTHER FEES WHEN ORDERING IN PERSON
OFFICE USE ONLY
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card Amount: _____
Received _____ By: _____
Index # _____
Issued _____ By: _____
Mailed _____ By: _____