

WHITMAN COUNTY HEALTH DEPARTMENT
310 N MAIN ST, STE 108
COLFAX, WA 99111
(509) 397-6280

DEATH CERTIFICATE ORDER FORM

MAKE CHECKS AND MONEY ORDERS PAYABLE TO: WHITMAN COUNTY HEALTH DEPARTMENT

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):			
	ADDRESS SENDING CERTIFICATE(S) TO:			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

To receive a birth 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"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> STEPCHILD	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> COURTS	
	<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 STATE 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	CERTIFICATE HOLDER FIRST NAME(S):	CERTIFICATE HOLDER FULL MIDDLE NAME(S):	CERTIFICATE HOLDER LAST NAME(S):
	APPROXIMATE DATE OF DEATH: (MONTH & YEAR)		CITY OR COUNTY OF DEATH:
	OTHER NAME(S), IF KNOWN: (EX: MAIDEN NAME, MARRIED NAMES, PARENTS' NAMES, ETC)		SPOUSE(S), IF KNOWN:
	DATE OF DEATH (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 wilfully 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. (enter quantity)		FOR OFFICE USE ONLY	
Total number of certified LONG FORM certificates	x \$25.00	PAID BY: <input type="checkbox"/> CHECK/MO <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD	Check #: _____
Total number of certified SHORT FORM certificates	x \$25.00		Receipt #: _____
APOSTILLE: (Indicate country requesting document here)	_____ x \$15.00		Authorization #: _____
TOTAL AMOUNT DUE	\$ _____	<input type="checkbox"/> CERTIFICATE ISSUED	HOLD FOR: <input type="checkbox"/> IDENTITY VERIFICATION <input type="checkbox"/> AUTHORIZATION VERIFICATION