



ISLAND COUNTY PUBLIC HEALTH

Vital Statistics

1 NE 6th Street Coupeville, WA 98239

360-679-7350

Washington State Certified Death Certificate Application (In person only)

For a mailed Certified Death Certificate, go to WWW.Vitalchek.com

Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone 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. You must provide qualifying proof of identity and proof of eligibility documentation.

Select Relationship	Spouse/Domestic Partner		Parent		Child
	Sibling	Stepparent	Stepchild	Grandparent	
	Grandchild	Great Grandparent	Legal Guardian	Legal Representative	
	Courts	Authorized Representative	Government Agency		
	Funeral Director/Establishment within 12 months				Other: _____

Death Record Information

First Name: _____	Middle Name: _____	Last Name: _____
Approximate Date of Death:(month & year) _____	City or County of Death: _____	
Other Names, if known (Ex. Maiden name, Married names, Parents name, etc.): _____		
Spouses Name: _____	Date of Birth: _____	Place of Birth: _____

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).

Applicant Signature: _____	Date Signed: _____
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Fees: (please complete below)	If paying by Check or Money Order, please make payable to ICPH		
Number of Certificates requested: _____	Fee for each certificate: \$25.00	Processing Fee: \$5.00 each	Total Due:

For Office Use Only

Date Stamp 12/09/2020	Approved type of Identification used to obtain certified copy(copies) of Death Certificate: <input type="checkbox"/> Valid Drivers License/ID <input type="checkbox"/> Valid Passport <input type="checkbox"/> Legal Documentation <input type="checkbox"/> Other _____
	<input type="checkbox"/> If two alternative documents are received, list the two below (must have matching first and last names and address, or in combination full name, date of birth and photo): _____
	Receipt Number: _____ Date Received: _____ Initials: _____
	Date order filled: _____ Initials: _____