

# Jefferson County Public Health

360-385-9400

## Death Certificate Application



**Please note:** An application must be completed and fee paid prior to issuance of a certificate. They may be picked up the following business day or mailed to you upon request. **If the date of death is prior to May 15, 2012, send application to:** Center for Health Statistics, POB 9709, Olympia, WA 98507, with a check made payable to Center for Health Statistics. **\*For deaths that occurred in King County prior to 10/2015, contact the Center for Health Statistics at 360-236-4300 or visit [www.doh.wa.gov](http://www.doh.wa.gov) for an application.**

*Include payment of cash, check, money order or credit card for the fee of \$25.00 for each copy requested.*

***Make check payable to JCPH***  
Mail or deliver with fee to:  
Jefferson County Public Health  
615 Sheridan Street  
Port Townsend, WA 98368

Today's Date: \_\_\_\_\_

Name of Person/Company Ordering Certificate(s): \_\_\_\_\_

Address of Sending Certificate(s) to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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. Please refer to the list of acceptable documentation required and **attach a copy of the documentation** to this application.*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Spouse/Domestic Partner | <input type="checkbox"/> Stepparent        | <input type="checkbox"/> Grandparent       | <input type="checkbox"/> Legal Guardian            |
| <input type="checkbox"/> Child                   | <input type="checkbox"/> Stepchild         | <input type="checkbox"/> Grandchild        | <input type="checkbox"/> Legal Representative      |
| <input type="checkbox"/> Parent                  | <input type="checkbox"/> Sibling           | <input type="checkbox"/> Great Grandparent | <input type="checkbox"/> Authorized Representative |
| <input type="checkbox"/> Courts                  | <input type="checkbox"/> Government Agency |  |  |
- SHORT FORM ONLY: Title Insurer/Title Insurance Agency  
 SHORT FORM ONLY: Determination related to the death/protection of a personal/property right related to the death  
 Funeral Director/Funeral Establishment within 12 months from date of death

Full Name of Deceased: \_\_\_\_\_ Approx Date of Death: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ City and/or County of Death: \_\_\_\_\_

Quantity Requested \_\_\_\_\_ x \$25 ea = \_\_\_\_\_ (amount enclosed)

\_\_\_\_\_ VA Copy (1 at no charge, form DD214 required)

\_\_\_\_\_ I will pick up copies

\_\_\_\_\_ Please mail copies to address listed above (include \$4.00 for postage and handling fee)

*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).*

\_\_\_\_\_  
*Signature (Applicant)*

\_\_\_\_\_  
*Date Signed (MM/DD/YYYY)*