

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Fee \$20.00 EACH

NUMBER OF COPIES REQUESTED _____

LOCAL FILE NO. _____

RECORDS AVAILABLE FOR WHATCOM COUNTY: 1989 to PRESENT

PLEASE PRINT

FULL NAME OF DECEASED _____
(First) (Middle) (Last)

PLACE OF DEATH: _____
(Name of nearest town in Whatcom County)

DATE OF DEATH: _____
Month / Day / Year

REQUESTOR'S NAME AND ADDRESS REQUIRED:

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

IN PERSON: • Payable By Cash Or Check To: **Vital Records**

BY MAIL SEND: ✓ Check Or Money Order **AND** ✓ A Self-Addressed Stamped Envelope To:
Vital Records
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225-4005

WARNING: False application for a death certificate is a punishable offense. For the protection of the individual, certificates of vital events are NOT open to public inspection.

NOTE: A valid receipt is required for proof of ordering birth or death certificates.