

## Death Certificate Request by Funeral Home

# of certified copies with "Cause" \_\_\_\_\_ at \$20 each = \$ \_\_\_\_\_

# of certified copies if "Pending" \_\_\_\_\_ at \$20 each = \$ \_\_\_\_\_

Certified copy for VA (no charge) \_\_\_\_\_

# of re-issues \_\_\_\_\_ \$ \_\_\_\_\_  
(must return incorrect certified)

**Handling fee per mailed order (add \$2.00)** \$ \_\_\_\_\_

**Total amount:** \$ \_\_\_\_\_

**OFFICIAL USE ONLY**

**If not on direct billing make checks or money orders payable to "Snohomish Health District" or "SHD."**

**DEATH INFORMATION (PLEASE PRINT)**

Name of deceased: \_\_\_\_\_  
(first) (middle) (last)

Date of death: \_\_\_\_\_

City of death: \_\_\_\_\_

Funeral home (if known): \_\_\_\_\_

Bill funeral home

**MAIL TO:**

Your name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Snohomish Health District  
 Vital Records  
 3020 Rucker Avenue, Suite 104  
 Everett, Washington 98201  
 Phone: 425.339.5290  
 Fax: 425.339.5218