

## Death Certificate Request

Quantity of certified copies: \_\_\_\_\_ at \$20 each = \$ \_\_\_\_\_  
Handling fee per mailed order (add \$2.00) \$ \_\_\_\_\_  
Total amount: \$ \_\_\_\_\_

OFFICIAL USE ONLY

To Order in Person: Cash  Check  Debit Card  Credit Card

Make checks or money orders payable to "Snohomish Health District" or "SHD." Checks or money orders ONLY for mailed in orders.  
All checks must have your current address and phone number.

### DEATH INFORMATION (PLEASE PRINT)

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

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

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

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

### REQUESTED BY:

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

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

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

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

### Mail this form and your payment to:

Snohomish Health District  
Vital Records  
3020 Rucker Avenue, Suite 104  
Everett, Washington 98201  
425-339-5290