

# Instructions for Death Certificate Order Form

Carefully read these instructions before completing and submitting the Death Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a death certificate.

## Checklist for completing the Death Certificate Order Form:

- Complete all fields on the death certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- Payment by mail Check or Money Order payable to TCHD / Payment in person Check, money order, cash, debit/credit

## What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

## Who are the qualified applicants for a long form death certificate?

Qualified applicants for a long form death certificate are: Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, Next of Kin (if no one else from this list is living), Funeral Director or Funeral Establishment listed on the record (up to 12 months from the date of death), or Government Agency or the Courts (only for official duties).

## Are you one of the qualified applicants listed above to the death certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

## \*\*If you are not one of the listed above, STOP. You will not receive a WA State death certificate\*\*

#### What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested death certificate.

- 1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. parents), your proof of eligibility requirement is met.
- 2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

#### What documents will Public Health & Social Services (PHSS) accept to prove eligibility?

PHSS will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal representative)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

## What identity documentation will PHSS accept?

PHSS will accept a copy of:

- <u>One</u> government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then <u>at least two</u> alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

#### What information is required?

The following information is required as it appears on the death certificate:

- First and last name of the decedent
- Date of death (mm/dd/yyyy)
- City or county where the death occurred



## DEATH CERTIFICATE ORDER FORM

7	NAME OF PERSON ORDERING CERTIFICATE(S)			
TION				
RMA	MAILING ADDRESS			
INFOF				
	CITY		STATE	ZIP CODE
REQUESTOR				
<b>D</b>	DAYTIME PHONE NUMBER	EMAIL ADDRESS		
RE				

	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.				
IONSH	SPOUSE/DOMESTIC PARTNER			STEPPARENT	STEPCHILD
RELATI		GRANDPARENT	GRANDCHILD	GREAT GRANDPARENT	LEGAL GUARDIAN
SELECT F	LEGAL REPRESENTATIVE	AUTHORIZED REPRESENTATATIVE		GOVERNMENT AGENCY	
SE	FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH				
	PERSON WHO HAS THE RIGHT TO CONTROL DESPOSITION OF REMAINS UNDER RCW 68.50.160 NAMED ON THE RECORD				

	FIRST NAME	FULL MIDDLE NAME	LAST NAME
ILS			
DETA	DATE OF DEATH (mm/dd/yyyy)	CITY OR COUNTY OF DEATH	
ORD			
RECO	OTHER NAMES (EX. MAIDEN NAME, MARRIED NAMES)	SPOUSE(S), IF KNOWN	
АТН			
DE	DATE OF BIRTH, IF KNOWN	PLACE OF BIRTH, IF KNOWN	

□ I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee. See instructions for more information.

By signing this form, 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 OF REQUESTOR	DATE SIGNED (mm/dd/yyyy)

	PAYMENT		
ENTER THE QUANTITY OF ORDER Total number of	MAIL ORDERS – Check or Money Order only. Payable to TCHD		
CERTIFIED copies X \$25.00 =	IN PERSON – Cash, check, money order or debit/credit card** **Fee for debit/credit card transactions is \$2.00 or 2.35% (whichever is greater)		
Orders may be submitted by:	OFFICE USE ONLY		
MAIL OR IN-PERSON TO:	Authorization #		
Thurston County Public Health & Social Services ATTN: Vital Records	CASH AMOUNT CHECK/M.O. # CHECK/M.O. AMOUNT		
412 Lilly Rd NE Olympia, WA 98506	TODAY'S DATE IN PERSON MAILED		