



Instructions for Death Certificate Mail-In Order Form

Carefully read these instructions before completing and submitting the Death Certificate Mail-In 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 Mail-In 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)
- Money order made payable to Spokane Regional Health District (SRHD)
- Send the order form, all documents, and *nonrefundable* payment to:

Spokane Regional Health District
Vital Records Office
1101 W. College Ave.
Spokane, WA 99201

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 death certificate?

Qualified applicants for a death certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, 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. self or 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 Spokane Regional Health District accept to prove eligibility?

Spokane Regional Health District 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 guardian)
- 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)

View the [Proof of Eligibility \(PDF\)](#) for examples of how to prove qualifying relationship.

What identity documentation will Spokane Regional Health District accept?

A copy of:

- One 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 at least two 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.

View the list of [acceptable identity documentation](#).

What information is required?

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

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of death (month, year)
- City or county where the death occurred

What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception with Washington state Department of Health. This process allows the applicant to explain why you are unable to provide the required documentation or information.

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put “in care of” before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept money orders for requests mailed to Spokane Regional Health District. Make sure your money order is made payable to Spokane Regional Health District.

No refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a death certificate.



Death Certificate Mail-In Order Form

Applicant Information

Name of person/company ordering certificate(s)			
Address sending certificate(s) to <i>(Street address required for FedEx orders)</i>			
City	State	Zip Code	County
Phone	Email		

NON-REFUNDABLE

MAIL ORDERS TO:
**Spokane Regional Health District
 Vital Records Office
 1101 W. College Ave.
 Spokane, WA 99201**

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.

Select Relationship

- Spouse/ Domestic Partner
- Parent
- Parent
- Legal Guardian
- Authorized Representative
- Child
- Stepparent
- Grandparent
- Legal Representative
- Government Agency
- Sibling
- Stepchild
- Great Grandparent
- Courts
- SFO*: Title Insurer/Title Insurance Agent
- SFO*: Determination Related to the Death/Protection of a Personal/Property Right Related to the Death
- Funeral Director/Funeral Establishment within 12 Months from the Date of Death
- Person who has Right to Control Disposition of Remains under RCW 68.50.160 Named on the Record

Death Record Details

Certificate Holder First Name	Certificate Holder Middle Name	Certificate Holder Last Name
Date of Death	City of Death	County of Death
Parent/Mother First Name	Parent/Mother Middle Name	Parent/Mother Last Name <i>(Prior to 1st marriage)</i>
Parent/Father First Name	Parent/Father Middle Name	Parent/Father Last Name

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)
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FEES (Check the box to select order type then enter the quantity)				
<input type="checkbox"/> Total number of CERTIFIED certificates	\$35	x		=
<input type="checkbox"/> Total number of ADDITIONAL certificates	\$25	x		=
Total amount due				

FOR OFFICE USE ONLY			
<input type="checkbox"/> NM <input type="checkbox"/> NI <input type="checkbox"/> NR <input type="checkbox"/> SIE <input type="checkbox"/> MD <input type="checkbox"/> MR <input type="checkbox"/> PP <input type="checkbox"/> NQ <input type="checkbox"/> IA			
<input type="checkbox"/> Called	Date	Notes	Initials
<input type="checkbox"/> Called	Date	Notes	Initials
<input type="checkbox"/> Called	Date	Notes	Initials
<input type="checkbox"/> Called	Date	Notes	Initials
Invoice #:	Payment Method:	Amount: \$	

Do not use any unapproved third-party vendor to obtain this form. Do not pay a fee for this form.

Make money orders payable to Spokane Regional Health District – address at top of page.

CHECKS NOT ACCEPTED. NO REFUNDS.



Vital Records Office
1101 W. College Ave., Spokane, WA 99201
509.324.1601 | TDD 509.324.1464 | srhd.org