



## 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)
- ☐ Check or money order made payable to CDHD
- ☐ Send the order form, all documents, and nonrefundable payment to:

**Chelan-Douglas Health District**

**Vital Statistics**

**200 Valley Mall Pkwy**

**East Wenatchee, WA 98802**

### 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).

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

Qualified applicants for short form death certificates are the same as the long form death certificates, plus these additional qualified applicants: A title insurer or title insurance agent handling a transaction involving real property, or a person that demonstrates the certificate is necessary for a determination related to the death or protection of a personal or property right related to the death.

### 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 Chelan-Douglas Health District accept to prove eligibility?

CDHD 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)

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



Chelan-Douglas Health District  
200 Valley Mall Pkwy  
East Wenatchee, WA 98802  
509-886-6400

### What identity documentation will CDHD accept?

CDHD will 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 and year)
- City or county where the death occurred

### What is the difference between the long form death certificate and the short form death certificate?

The long form death certificate contains cause and manner of death information and social security number of the decedent. This product might be needed to close out bank accounts or claim benefits such as life insurance policies.

The short form death certificate is a new product being offered only for deaths that were registered electronically starting January 1, 2018 to present. It does not contain cause and manner of death information or social security number of the decedent. This product might be needed for transferring titles (e.g. vehicles), real estate transactions, and probate cases.

Check with the agency or business where you will be using the certificate to know what information it must include prior to purchasing it.

### 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. 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 filling in the form by hand, please print clearly to avoid delay in processing.

### What form of payment is accepted?

We accept checks or money orders for requests mailed to CDHD. Make sure your check or money order is made payable to CDHD.

**Important note: 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.**

**Helpful tip:** To confirm that DOH has received your order over the phone, we need:

- For Checks: Check number, date it was cashed (check with your banking institution before calling CDHD), and name on the check
- For Money Orders: Money order number and date it was cashed (to find this date call the number provided on your money order receipt)

For more information about vital records, please visit our website at:

<https://cdhd.wa.gov/birth-and-death-certificates/>

Or DOH website at:

<https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce>.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov)



## Chelan-Douglas Health District Death Certificate Application

Make checks or money orders payable to CDHD.

**Send mail-in orders to:**  
Chelan-Douglas Health District  
200 Valley Mall Parkway  
East Wenatchee, WA 98802

**We are not responsible for lost mail.**

**No Refunds**

**PLEASE PRINT CLEARLY.** We issue certificates for recent deaths that occurred in Washington only. For deaths that occurred before 1/1/2015, contact [www.doh.wa.gov](http://www.doh.wa.gov). Requests are processed Monday through Thursday. Our office is closed on Friday.

**For more information, visit [www.cdhd.wa.gov](http://www.cdhd.wa.gov) or call (509) 886-6400.**

☐ Certified Copy - \$25    ☐ Noncertified Informational Copy - \$25

**\*\*Refunds are not available if a customer does not provide additional information within the 30-day window of if a record cannot be found\*\***

<b>Applicant Information</b>		<b>How would you like to receive the order?</b> <input type="checkbox"/> Mail   or <input type="checkbox"/> Pick-up	
Name of person ordering certificate(s)		Daytime Phone	
Address Sending Certificate(s) To			
City	State	Zip Code	Email (Optional)

**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.**

<b>Select Relationship:</b>	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> CHILD	<input type="checkbox"/> PARENT	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> STEPCCHILD
	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> GREAT GRANDPARENT	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE	
<b>Select Requested Type of Form :</b>	<input type="checkbox"/> SHORT FORM ONLY: TITLE INSURER/TITLE INSURANCE AGENT				
	<input type="checkbox"/> SHORT FORM ONLY: DETERMINATION RELATED TO THE DEATH/PROTECTION OF A PERSONAL/PROPERTY RIGHT RELATED TO THE DEATH				
	<input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH				
	<input type="checkbox"/> PERSON WHO HAS RIGHT TO CONTROL DISPOSITION OF REMAINS UNDER RCW 68.50.160 NAMED ON THE RECORD				

<b>Death Certificate Request</b>	<b>Number of Certificates Requested</b> _____	
Full First Name on Record	Full Middle Name	Full Last Name
Date of Death	Date of Birth	City or County of Death
Name of Funeral Establishment		

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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### Payment Options

Total Number of Long Form Copies: \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_  
Total Number of Short Form Copies: \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_  
Expedited Fee (Same day service): ☐ x \$10 = \$ \_\_\_\_\_  
\*Mailing Fee – Regular Mail: ☐ x \$3 = \$ \_\_\_\_\_  
\*Mailing Fee – Priority Mail: ☐ x \$9 = \$ \_\_\_\_\_  
**TOTAL AMOUNT DUE:** = \$ \_\_\_\_\_

\*One shipping fee per address regardless of # of orders

### *Official Use Only*

Date: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

☐ Regular / Priority Mail / UPS   ☐ Newborn/Paternity Pending   ☐ No Match/UTI   ☐ Stat

### *Office Use Only*