

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: **NETCHD**
- Send the order form, all documents, and **nonrefundable** payment to:

Northeast Tri County Health District
Vital Records
240 E. Dominion Ave.
Colville, WA 99114

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 (must be last living kin), Funeral Director/Establishment listed on the record (up to 12 months from the date of death), Government Agency, or Courts (only for official duties). NETCHD can issue long form death certificates for deaths occurring from February 2014 to present in Stevens, Ferry, and Pend Oreille County, or for deaths filed electronically in Washington.

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

In addition to the qualified applicants listed above, 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. The short form death certificate does not contain social security number or cause of death. NETCHD can issue short form death certificates for deaths registered after January 1, 2018 to present.

What is proof of eligibility documentation?

Documents that link the qualified applicant to the requested certificate. If you are not listed on the certificate or your identity documentation doesn't link you to the record, you must provide additional documentation to prove eligibility.

What proof of eligibility documentation will NETCHD accept?

View the list of [Acceptable Proofs of Eligibility Documentation](#) for examples of how to prove qualifying relationship.

What identity documentation will NETCHD accept?

View the [Acceptable Proofs Of Identity Documentation](#) for a list of acceptable identity documents.

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 (month and year)
- City or county where the death occurred

What if I cannot provide the required documents to prove eligibility and identity, or do not know the required information?

If you are unable to meet the requirements, you will need to contact the DOH at 360-236-4300. For more information, please visit the Washington State DOH website at <https://www.doh.wa.gov/vitalrecords>.

Northeast Tri County Health District
 Vital Records
 240 E Dominion Ave
 Colville, WA 99114
 (509) 684-2262

CERTIFIED DEATH CERTIFICATE MAIL-IN ORDER FORM



**MAKE CHECK/MONEY ORDER
 PAYABLE TO: NETCHD
 NO REFUNDS**

*** Total Number of **LONG FORM** Certificates at \$25 Each = _____

VA COPY (DD214 or VA Letter Required)

*** Total Number of **SHORT FORM** Certificates at \$25 Each = _____

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):			
	MAILING ADDRESS SENDING CERTIFICATE(S) TO:			
	CITY:	STATE:	ZIP CODE:	DAYTIME TELEPHONE NUMBER: ()
	EMAIL ADDRESS:			

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	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> CHILD	<input type="checkbox"/> PARENT	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> STEPCHILD
	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> GREAT GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN
	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE	<input type="checkbox"/> COURTS	<input type="checkbox"/> GOVERNMENT AGENCY	
	<input type="checkbox"/> TITLE INSURER/TITLE INSURANCE AGENT – SHORT FORM ONLY				
	<input type="checkbox"/> DETERMINATION RELATED TO THE DEATH/PROTECTION OF A PERSONAL/PROPERTY RIGHT RELATED TO THE DEATH – SHORT FORM ONLY				
	<input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT – ONLY VALID 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				

All the following fields must be completed to process this order.

DEATH RECORD DETAILS	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
	APPROXIMATE DATE OF DEATH: (MONTH & YEAR)		CITY OR COUNTY OF DEATH:
	OTHER NAMES, IF KNOWN (EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):		SPOUSE(S), IF KNOWN:
	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 (Applicant): _____ Date: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Sold in Error	<input type="checkbox"/> Incomplete Application	<input type="checkbox"/> Not Qualified	<input type="checkbox"/> Other	<input type="checkbox"/> Pending Cause of Death	<input type="checkbox"/> Open Record
Correspondence <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> Email		Date:	Initials:	Notes:	
Correspondence <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> Email		Date:	Initials:	Notes:	
Receipt#:		Date Issued:	<input type="checkbox"/> Mailed		<input type="checkbox"/> Other _____