

# 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:

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

## What form of payment is accepted?

We accept checks, money orders, and credit cards for requests mailed to Northeast Tri County Health District (NETCHD). Check/money order must be made payable to: **NETCHD**. Call 509-684-2262 for credit card payments.

**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.

## 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 Washington 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 the Department of Health (DOH) and NETCHD accept to prove eligibility?**

DOH and NETCHD 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 list of [Acceptable Proofs of Eligibility Documentation](#) for examples of how to prove qualifying relationship.

### **What identity documentation will DOH or NETCHD accept?**

DOH and NETCHD 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 [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 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. **NETCHD can issue long form death certificates for Ferry, Pend Oreille, and Stevens County deaths from February 2014 to present as well as deaths occurring in other Washington counties if that record was filed electronically. Call 509-684-2262 to confirm that the record is available from this office.** 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 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 will need to contact the DOH at 360-236-4300.

For more information about vital records, please visit the Washington State DOH website at <https://www.doh.wa.gov/vitalrecords>. To obtain information on vital records services available at the Northeast Tri County Health District Colville office, please visit the NETCHD website at <https://www.netchd.org>.

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

# CERTIFIED DEATH CERTIFICATE ORDER FORM



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

\*\*\*  Total Number of **LONG FORM** Certificates \_\_\_\_\_ at \$25 Each = \$ \_\_\_\_\_  VA DD214 or VA Letter Required  
 \*\*\*  Total Number of **SHORT FORM** Certificates \_\_\_\_\_ at \$25 Each = \$ \_\_\_\_\_

<b>APPLICANT INFORMATION</b>	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.

<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"/> 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 – <b>SHORT FORM ONLY</b>				
	<input type="checkbox"/> DETERMINATION RELATED TO THE DEATH/PROTECTION OF A PERSONAL/PROPERTY RIGHT RELATED TO THE DEATH – <b>SHORT FORM ONLY</b>				
	<input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT – <b>ONLY VALID WITHIN 12 MONTHS FROM DATE OF DEATH</b>				
	<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.

<b>DEATH RECORD DETAILS</b>	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"/> Counter Pickup <input type="checkbox"/> Other _____	