



# Cowlitz County Health & Human Services

1952 9th Avenue  
Longview, WA 98632  
TEL (360) 414-5599  
FAX (360) 425-7531

[www.co.cowlitz.wa.us/hhs](http://www.co.cowlitz.wa.us/hhs)

## Board of County Commissioners

Arne Mortensen      District 1  
Dennis Weber        District 2  
John Jabusch         District 3

## Certified Death Certificate Order Form

### Instructions

Carefully read these instructions before submitting a completed Death Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires that all applicants meet the minimum qualifications and provide proof of identity, eligibility documentation and other required information before purchasing a certified death certificate.

### 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.

**Step 1:** Are you a qualified applicant? Qualified applicants are: spouse or 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), government agency or the courts if the death certificate is used for official duties.

**YES, I am a qualified applicant** → To prove you are a qualified applicant, you will need to provide documentation proving your qualifying relationship.

**NO, I am not a qualified applicant** → You are not eligible to purchase a certified death certificate. Instead, you can purchase a non-certified informational death certificate.

**Step 2:** Provide proof of identity. (View the list of [acceptable proofs of identity](#) or view the enclosed vital records document.)

- ONE government-issued identity document (must contain your photo, full name and date of birth) that is current or expired less than 60 days ago; **OR**
- AT LEAST TWO alternate documents from the alternate list if you do not have a government-issued identity document. The alternate documents must contain matching first and last names and addresses, or in combination must contain your full name, date of birth and photograph.

**Step 3:** Provide documents that connect you to the death certificate. (View the list of [acceptable proofs of eligibility](#) or view the enclosed vital records document.)

- **Your proof is met** if you are listed on the death certificate and picture ID sufficiently connects you to the certificate (i.e. spouse/domestic partner, parents).
- **You must provide additional documents** if you are not listed on the death certificate or your documents do not sufficiently connect you to the death certificate.

**Step 4:** Complete the enclosed Certified Death Certificate Order Form.

**Step 5:** Submit the completed Certified Death Certificate Order Form, documentation from Step 2 & Step 3 and your payment. We accept cash, check or money order and debit/credit. Make sure your check or money order is made payable to CCHHS.

### Important notes

Per Cowlitz County:

- Debit or credit card payments have a minimum \$2.50 fee
- There will be a \$25 fee for all returned checks (Resolution No. 03-044)
- Orders not picked up within 10 business days will be mailed (regular mail)
- Incomplete or unreadable forms may delay the process

Per Washington State Department of Health:

- **No refunds** will be given if a record could not be located.
- **No refunds** will be given if the documentation you provided did not prove you are eligible to purchase a certified death certificate.

For more information about vital records, visit our website: <https://www.co.cowlitz.wa.us/732/Birth-and-Death-Certificates>



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## Certified Death Certificate Order Form

*To obtain a certified death certificate, you must select your relationship to the deceased, provide proof of identity, provide required documents linking you together and sign a sworn statement that you are authorized to purchase the certificate.*

<b>DEATH RECORD DETAILS:</b> Electronically filed only		
FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
DATE OF DEATH:	CITY OR COUNTY OF DEATH:	
OTHER NAMES, IF KNOWN (EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):		

<b>YOUR INFORMATION</b>					
What is your relationship to the decedent?	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> CHILD	<input type="checkbox"/> GRANDPARENT
	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> GREAT GRANDPARENT
	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> COURTS	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE		<input type="checkbox"/> LEGAL REPRESENTATIVE
	<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"/> PERSON WHO HAS RIGHT TO CONTROL DISPOSITION OF REMAINS UNDER RCW 68.50.160 NAMED ON THE RECORD					

PERSON/COMPANY ORDERING CERTIFICATE(S):		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	EMAIL ADDRESS:	

<b>ORDER INFORMATION</b>		
<b>ORIGINAL:</b> _____ Requested number of ORIGINAL <u>Certified Short Form Death Certificate(s)</u> _____ Requested number of ORIGINAL <u>Certified Long Form Death Certificate(s)</u> _____ One Free VA Copy (must include DD214 or approved VA Letter)	<b>\$25.00 PER CERTIFICATE PAYABLE AT TIME OF ORDER</b>	Per Washington State Department of Health: No refunds will be given if a record could not be located.
<b>CORRECTIONS (Must attach original certificates &amp; copy of Facility Affidavit for Death Correction):</b> _____ Requested number of REPLACEMENT <u>Certified Long Form Death Certificate(s)</u> _____ Requested number of REPLACEMENT <u>Certified Long Form Death Certificate(s)</u>	<b>Date Correction Submitted to WA DOH</b>	<b>For office use only</b>

Pick up next business day after 2:00 PM with. Order(s) will be sent regular mail if not picked up in 10 business days. **Picture ID required.**

I authorize \_\_\_\_\_ to pick up on my behalf. **Picture ID required.**

Send to the address provided above, regular mail.

*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).*

CUSTOMER SIGNATURE:	DATE SIGNED: (MM/DD/YY)
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<b>FOR OFFICE USE ONLY</b>					
Date Ordered:	Client #	Photo ID & eligibility document copies must be attached & kept.			
Total Payment Paid	Fast Track	Photo ID Attached			
Type of Payment	<input type="checkbox"/> Cash _____ <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check/Money Order _____		Eligibility Documents Attached		
Type of Letter	Date Letter Sent	Letter Attached			
Certificate #	Date Released:		<input type="checkbox"/> Picked Up _____ <input type="checkbox"/> Mailed: _____		
Customer Signature upon Receipt	HHS Staff confirmed photo ID at pickup:				