

REGISTER  
VALIDATION SPOT

**MAIL ORDERS TO:**  
KING COUNTY VITAL  
STATISTICS  
MAILBOX 359784  
325 NINTH AVE  
SEATTLE, WA 98104-2499

**DEATH CERTIFICATE  
Funeral Home ORDER FORM**

DO NOT USE ANY UNAPPROVED THIRD PARTY VENDOR TO  
OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

**MAKE CHECKS & MONEY ORDERS  
PAYABLE TO: KCVS  
NO REFUNDS**

<b>APPLICANT INFORMATION</b>	COMPANY ORDERING CERTIFICATE / Name of Person(S)			Account Number):
	ADDRESS: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	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.**

FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH

FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
DATE OF DEATH:	CITY OR COUNTY OF DEATH:	

*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 <b>LONG FORM</b> certificates		x	\$25	=
<input type="checkbox"/> Total number of certified <b>SHORT FORM</b> certificates		x	\$25	=
<input type="checkbox"/> VA/DD214/ VA Letter Only		+	\$0	=

DC V42 _____	MDC V32 _____	No cost V20 _____
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FOR OFFICE USE ONLY			
V42	V32	V20	Index #
Date Issued	Date Mailed	Initials	

Email Form to [VRDCERT@kingcounty.gov](mailto:VRDCERT@kingcounty.gov) or send to mailing address listed above