



Clallam County Death Certificate Application

Washington State Certified Death Certificates

Mailing & Physical Address:
 Clallam County HHS
 Public Health – Vital Records
 111 E. 3rd Street
 Port Angeles, WA 98362

Office hours are Monday - Friday 8:00 a.m. to 12:00 p.m. & 12:30 p.m. to 4:00 p.m.

Washington State Certified Death Certificates for deaths **June 2014 and after** are available from the Clallam County Health & Human Services Department, 111 E. 3rd Street Port Angeles, WA 98362. If you have questions, please call 360-417-2274 prior to submitting an application. For deaths occurring prior to 1907, you may contact the Department of Health at 360-236-4300.

The cost is **\$25.00 per certified copy** payable by *exact cash, check or money order*. A complete application must be completed and the fee paid prior to issuance. Please note: There is a waiting period. Applications received Monday through Thursday will be available for pick-up Fridays or can be mailed upon request. For applications received on Fridays, the birth certificate will be ready the following Friday. **For an additional fee of \$5.00 per address, your certificate(s) can be mailed. For an additional fee of \$10.00 (total \$35.00), the certificate can be expedited and ready same day. This option is available for walk-ins only; we are unable to mail an expedited certificate.**

Checklist for completing the Death Certificate Order Form:

- Complete all fields on the death certificate order form, sign, and date **(REQUIRED)**
- A copy of your identity document Ex. Driver's License or Passport **(REQUIRED)**
- A copy of your proof of eligibility document(s), if applicable
- Cash, check or money order made payable to **Clallam County Health and Human Services** or **CCHHS (REQUIRED)**

Applicant Information	Name of the Person/Company Ordering the Certificate:		
	Mailing Address:		
	City:	State:	Zip:
	Phone Number (for questions):	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"/> 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					

Death Record Details	First Name(s):		Full Middle Name(s):		Last Name(s):	
	Approximate Date of Death: (Month/Day/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 declare under penalty of perjury and in accordance with the laws of Washington State that the information I provided is right and true. In addition, I am aware that knowingly making a false statement about vital records in order to request a record is a serious misconduct under the laws of Washington, section 70.58A.590(2) of the RCW.

Signature (Applicant)	Signature Date: (MM/DD/YYYY) ____/____/____
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To be filled in by applicant					
Number of certified LONG FORM certificates:		X	\$25	=	\$
Number of certified SHORT FORM certificates:		X	\$25	=	\$
Expedited Fee (if applicable)		X	\$10	=	\$
Mailing Fee (per address)		X	\$5	=	\$
Total:					\$

___ I will pick up (Please pick up at 111 E. 3rd Street, Port Angeles)

___ Please mail to me at above address (\$5 mailing fee per address)

For internal use only:	
Date received: ____/____/____	Certificate Number: _____
Amount paid: \$ _____	Copy of Identity attached: <input type="checkbox"/>
Receipt Number: _____	Copy of Eligibility attached: <input type="checkbox"/>

*If you are an Authorized Representative please contact our department prior to submitting the application for additional required paperwork
 **Application will be returned if appropriate documentation is not provided