



Funeral Home Death Certificate Request Form – effective 11/01/2024

Number of certified copies with “Cause” _____	x \$25 each	\$ _____
Number of certified copies if “Pending” _____	x \$25 each	\$ _____
Number of re-issues* _____ <i>First Add'l</i>	x \$11 each	\$ _____
One certified VA copy** _____	No charge	\$ N/A
Handling fee _____	x \$2 per mailed order	\$ _____
	Total due	\$ _____

(All death certificates ordered will be Certified Long Form copies)

Decedent Information (Please Print)

First:	Middle:	Last:
Date of death:	City of death:	
Funeral home:		

Order will be:

- Picked Up by Authorized Funeral Home Representative**
- Mailed to Funeral Home Listed on Death Record**

If requested to be mailed to third party:

Copies of identification and proof of eligibility documentation will be **REQUIRED**. See Chapter 70.58A RCW. A verification and record retention fee of \$15 will be added to total due.

Recipient’s name: _____

Mailing address: _____ Apt/Ste # _____

City: _____ State: _____ Zip _____

Telephone: _____

Payment Due Upon Receipt

Pay online at www.snohd.org or make checks payable to “Snohomish County Health Department”, or “SCHD”

Note: Funeral home certificates will not be released until past due portion is received and paid in full

*Must return incorrect certified copies to reissue certificates

**Include a copy of decedent’s DD 214 or other military separation document with your order

Snohomish County Health Department
 Vital Records
 3020 Rucker Avenue, Suite 104
 Everett, WA 98201

Phone: 425.339.5290
 SHD.VStats@snoco.org

Official Use Only	
Invoice #	
<input type="checkbox"/> Mailed	<input type="checkbox"/> Picked Up
Initial:	
Date:	