



Yakima Health District

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 and sign
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s) (if applicable)
- Include payment (**see payment options on next page**)

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 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), 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.

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 it.

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 WA State Death Certificate****

For more information about vital records, please visit our website at
<https://www.yakimacounty.us/280/Birth-Death-Certificates>.



Yakima Health District

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested death certificate.

- 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.
- 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 Yakima Health District accept to prove eligibility?

YHD 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 [Proof of Eligibility \(PDF\)](#) for examples of how to prove qualifying relationship (if in person and you'd like to view the list, please ask front desk for paper copy).

What identity documentation will Yakima Health District accept?

YHD 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 list of [acceptable identity documentation](#).

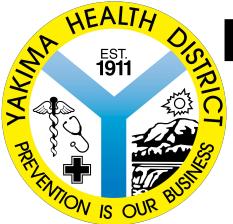
Payment Options:

- If mailing your application:

We accept money orders or checks made payable to Yakima Health District. **Please note that the Same-day service is not an option.** This service is only for in-person submissions.

- If applying in person:

We accept cash, credit/debit cards, money orders or checks made payable to Yakima Health District.



DEATH CERTIFICATE ORDER FORM

Issuing Washington State Death Certificates
from 1980 to Present

Check this box if requesting a *fetal* death certificate

To receive a death certificate, you must indicate your relationship to the decedent below and sign the sworn statement that you are authorized to receive the certificate.

SELECT RELATION- SHIP TO DECEDENT	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREAT-GRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE	
	<input type="checkbox"/> SPOUSE/ DOMESTIC PARTNER	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> GREAT-GRANDCHILD	<input type="checkbox"/> COURTS <input type="checkbox"/> LEGAL REPRESENTATIVE

APPLICANT INFORMATION	NAME OF PERSON REQUESTING CERTIFICATE: (NAME OF PERSON FILLING OUT ORDER FORM)				
	ADDRESS/P.O. BOX:				
	CITY:	STATE:	ZIP CODE:		
	TELEPHONE NUMBER:	EMAIL ADDRESS: Only required if you are submitting application by mail or purchasing certificate in person and requesting that it be mailed.			

Applicant – Please Review and Acknowledge BOTH Statements

I acknowledge that I am a qualified applicant, I will provide my identity document(s), my proof of eligibility document(s) (IF APPLICABLE), and the required fee as stated in the instructions page attached.

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).

All the following fields must be completed to process the order.

DEATH RECORD DETAILS	DECEDENT FIRST NAME(S):	DECEDENT FULL MIDDLE NAME(S):	DECEDENT LAST NAME(S):	
	DATE OF DEATH:	CITY OF DEATH:	COUNTY OF DEATH:	DATE OF BIRTH: (IF KNOWN)
	STATE OF DEATH: WASHINGTON STATE ONLY	OTHER NAMES: (IF KNOWN)		

Certificate Order Fees – TO BE COMPLETED BY APPLICANT	
Certificate Type / Quantity (Select the type and number of certificates)	<input type="checkbox"/> Certified Copy – <i>Default option</i> <input type="checkbox"/> Noncertified Informational Copy Quantity: _____ – \$25 per Copy
Fulfillment Method (Choose how you'd like to receive your order)	<input type="checkbox"/> Same Day (Ready within 15 minutes) – Add \$10 – <i>Default option</i> — Excluding mailed-in applications <input type="checkbox"/> USPS Regular Mail – Add \$2 <input type="checkbox"/> USPS Priority Mail (Tracking # provided) – Add \$7
Optional Add-ons (Plastic sleeves)	Quantity: _____ – \$0.50 per Sleeve
Total Amount Due (Calculate all selected fees)	

THIS SECTION FOR OFFICE USE ONLY	
ID verified by: <input type="checkbox"/> YM <input type="checkbox"/> MA <input type="checkbox"/> GC <input type="checkbox"/> AS	
No. of certified certificates issued: _____	
Receipt No.: _____	
Certificate(s) DCN: _____	

APPLICANT SIGNATURE

DATE