



# Cowlitz County Health and Human Services

PHONE: 360-414-5599 FAX: 360-425-7531

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

Main Campus: 1952 9th Avenue, Longview, WA 98632 askcowlitzhealth@cowlitzwa.gov  
Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

## Certified Death Certificate Order Form – Funeral Homes

### Instructions

Carefully read these instructions before submitting a completed Death Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC require 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 the Funeral Director or Funeral Establishment listed on the record (up to 12 months from the date of death).

- YES** → Proceed to next step.
- NO or UNKNOWN** → Please contact our office for additional assistance.

**Step 2:** Only eligible employees representing the Funeral Establishment may order certificates. Have you been authorized to purchase on behalf of the Funeral Establishment?

- YES** → A current Funeral Home Qualification form must be on file with Cowlitz County Health & Human Services.
- NO or UNKNOWN** → Please contact our office for additional assistance.

**Step 3:** Complete the enclosed Certified Death Certificate Order Form – Funeral Homes.

**Step 4:** Submit the completed Certified Death Certificate Order Form – Funeral Homes. We accept cash, check or money order and debit/credit. Make sure your check or money order is made payable to CCHHS.

**Step 5:** Employees who are picking up certificate(s) orders must provide picture ID and be an eligible employee representing the Funeral Establishment.

- 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.

### 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).
- There is a \$5 mailing fee for orders fulfilled by mail.
- Incomplete or unreadable forms may delay the process

- Orders not picked up within 8 business days will be mailed (regular mail).

Per Washington State Department of Health:

- **No refunds** will be given if a record cannot be located.
- **No refunds** will be given if the documentation you provided did not prove you are eligible to purchase a certified birth 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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*To obtain a certified death certificate, you must provide proof of identity, required documents linking you to the funeral establishment listed on the certificate, and sign a sworn statement that you are authorized to purchase the certificate.  
 In lieu of documents linking you to the funeral establishment a "Funeral Home Qualification" form may be accepted.*

### FUNERAL HOME INFORMATION

NAME OF PERSON ORDERING CERTIFICATE(S):

NAME OF FUNERAL HOME:

ADDRESS:

CITY: STATE: ZIP CODE:

DAYTIME TELEPHONE NUMBER: EMAIL ADDRESS:

### ORDER INFORMATION

<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> _____ VA Copy (must include DD214 or VA Letter)	<b>\$30.00 PER CERTIFICATE</b>  <b>PAYABLE AT TIME OF ORDER</b>	<b>Per Washington State Department of Health:</b>  <b>No refunds will be given if a record cannot be located.</b>
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<b>CORRECTIONS (Must attach original certificates &amp; copy of Facility Affidavit for Death Correction):</b> _____ Requested number of REPLACEMENT <u>Certified Short 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>Incomplete order forms may be returned</b>
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- Pick up next business day after 2:00 PM with. Certificate(s) will be sent regular mail if not picked up in 10 business days. Picture ID required.
  - Send to the Funeral Home, regular mail, ADDRESS ABOVE Include an additional \$5.00 mailing fee with payment.
  - Send to the Other Address, regular mail. Include an additional \$5.00 mailing fee with payment.
- ADDRESS: \_\_\_\_\_

### DEATH RECORD DETAILS

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)*

FUNERAL HOME STAFF SIGNATURE:	DATE SIGNED: (MM/DD/YY)
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### FOR OFFICE USE ONLY

Date Ordered	Client#	Contract#
Total Payment Paid	Fast Track	Mailing Fee
Type of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check/Money Order _____	Date Billed
Certificates#		
Date Released:	<input type="checkbox"/> Picked Up _____ <input type="checkbox"/> Mailed: _____	HHS staff confirmed eligible FH Staff & ID: