



DEATH CERTIFICATE APPLICATION

For deaths occurring in Benton or Franklin Counties back to 1980,
the City of Richland back to January 1, 1959, and participating EDRS Counties

If death occurred prior to the dates listed above, you must obtain the death certificate through the Washington State Department of Health in Olympia. You can download a request form at www.doh.wa.gov, or pick one up in the Kennewick office.

Complete this form by mailing, faxing, or bringing it in person to the Benton-Franklin Health District at the address above. Our Vital Records office is open from **8:00-11:30 and 1:00-4:00** Monday through Friday (closed holidays).

TODAYS DATE: _____

FULL NAME OF DECEASED: _____
First Middle Last

DATE OF DEATH: _____ PLACE OF DEATH: _____
Month Day Year (Hospital and/or City)

THE PERSON PICKING UP OR ORDERING THIS CERTIFICATE MUST COMPLETE THE FOLLOWING FOR IDENTIFICATION PURPOSES:

NAME: _____
First Middle Initial Last

ADDRESS: _____
Street Address and/or P.O. Box City, State Zip Code

DATE OF BIRTH: _____ PHONE NUMBER: _____

WE DO NOT ACCEPT PERSONAL CHECKS.

Walk-in Same Day Service (\$10) \$ _____ or _____ Pick up at window next day, or _____ Send US Mail

Death Certificate (\$20) each \$ _____

Federal Express 3-Day (\$20) \$ _____

Priority Overnight (\$30) \$ _____

TOTAL \$ _____ Requester's Signature: _____

Credit Card Payment

Visa ___ Discover ___ American Express ___ MasterCard ___

AMOUNT: _____ CREDIT CARD #: _____ EXPIRATION DATE: _____

PRINTED NAME: _____ SIGNATURE: _____

(Must be the same person as requesting certificate)

***** **BELOW FOR VITAL RECORDS OFFICE USE ONLY** *****

C = Counter ___ M = Mailed ___ F = Faxed ___ Newborn Pending ___ X = Expedited (Fed Ex) ___ Pick Up #: _____

Date _____ # Copies: _____ Account #: _____ Receipt #: _____

Paper Certificate Number(s): _____ to _____ Pasco Office ___ Prosser Office: _____

Date Picked Up at Health Department: _____ Date Mailed to Client: _____