

**ISLAND COUNTY HEALTH DEPARTMENT
P.O. BOX 5000
COUPEVILLE, WA 98239**

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

**IMPORTANT: FOR USE ONLY WITH DEATHS OCCURRING WITHIN THE LAST 30 DAYS IN
ISLAND COUNTY**

PLEASE FORWARD ME _____ CERTIFIED COPY(IES) OF THE DEATH CERTIFICATE IDENTIFIED BELOW. I ENCLOSE
PAYMENT IN THE AMOUNT OF \$ _____.

FEE: \$20.00 PER CERTIFIED COPY. MAKE CHECK/MONEY ORDER PAYABLE TO:

ISLAND COUNTY HEALTH DEPARTMENT

FULL NAME OF DECEASED _____

PLACE OF DEATH _____

DATE OF DEATH _____ APPROXIMATE AGE OF DECEASED _____

MAIL TO:

QTY. _____ (AMOUNT ENCLOSED) NAME _____ (PRINT)

(STREET NAME OR BOX NUMBER)

DO NOT MAIL CASH

(CITY) (STATE)

(ZIP CODE)

SIGNATURE OF PERSON REQUESTING CERTIFICATE _____

RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED

DATE _____

BARBARA COPE
CHIEF DEPUTY REGISTRAR
VITAL STATISTICS
PHONE: (360) 679-7351
(360) 321-5111 X 351
(360) 629-4522 X 351

PLEASE FILL OUT SECTION BELOW CLEARLY AND COMPLETELY AS IT WILL BE USED IN MAILING YOUR
CERTIFIED COPY TO YOU.

Name		
Number and Street		
City	State	Zip