

**FOR OFFICE USE ONLY**

TODAY'S DATE \_\_\_\_\_

CASH AMOUNT \_\_\_\_\_

CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_

CHARGE AUTH # \_\_\_\_\_ AMOUNT \_\_\_\_\_

For Office Use Only  
Pick Up/Mailed \_\_\_\_\_



**PUBLIC HEALTH AND  
SOCIAL SERVICES DEPARTMENT  
Vital Records**  
412 Lilly Road N.E.  
Olympia, WA 98506-5132  
(360) 867-2618 Fax: (360) 867-2600

**APPLICATION FOR DEATH CERTIFICATE**

**1. PLEASE FILL OUT THE INFORMATION LISTED BELOW:**

NAME OF THE DECEASED \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_ (month, day, year)

CITY OR COUNTY OF DEATH \_\_\_\_\_  
(THURSTON COUNTY DEATHS ONLY)

**2. ENCLOSE \$20.00 FOR EACH CERTIFICATE ORDERED OR BRING THIS APPLICATION TO THE THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPT.**

a. How many certificates do you want \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_

**3. PLEASE FILL OUT THIS SECTION FOR PICK-UP OR MAILING:**

a. Name \_\_\_\_\_

b. Address \_\_\_\_\_

c. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d. Phone number \_\_\_\_\_

4. Certificate to be: PICKED UP  OR MAILED

**PAYMENT METHOD: Check One (X)**

Amount Paid \$ \_\_\_\_\_  Check # \_\_\_\_\_ (Payable To: TCHD)  Visa  MasterCard

Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder name & address (if different than above) \_\_\_\_\_

**Applications can be mailed or delivered to:  
Thurston County Public Health and Social Services – ATTN: Vital Records  
412 Lilly Rd. NE; Olympia, WA 98506-5132  
OR  
Faxed to:  
(360) 867-2600**