



WALLA WALLA COUNTY  
HEALTH DEPARTMENT  
314 W Main Street • PO Box 1753  
Walla Walla, WA 99362  
Phone 509.524.2650 • Fax 509.524.2678

**APPLICATION FOR A CERTIFIED COPY OF DEATH CERTIFICATE**  
(ONLY for Current Month Deaths in Walla Walla County)  
All others must be obtained by contacting the Washington State Vital Statistics Office.

Today's Date \_\_\_\_\_

Full Name of Deceased \_\_\_\_\_  
FIRST MIDDLE LAST

Place of Death (Town) \_\_\_\_\_

Date of Death \_\_\_\_\_

Number of Copies \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

*NO Personal Checks Will Be Accepted*  
*For Mail Orders: The only accepted method of payment for mailed applications is a Money Order*

**Requestor's Information**

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Signature of person requesting certificate(s) \_\_\_\_\_

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**OFFICE USE ONLY**

RECEIPT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_ CERTIFICATE NUMBER \_\_\_\_\_

AMOUNT PAID: \$5 / \$20 / \$25 Other \_\_\_\_\_ If more than 1 copy is requested put quantity here \_\_\_\_\_ in RED INK