

**DEATH CERTIFICATE FAX ORDER FORM**

Print this form, complete it and fax it to 206-622-0868

Decedent's Name: \_\_\_\_\_  
(First Middle Last)

Date of death: \_\_\_\_\_ County/City \_\_\_\_\_ State \_\_\_\_\_

Funeral home: \_\_\_\_\_  Male  Female

Relationship:  Mother  Father  Other (please explain): \_\_\_\_\_

Reason for request: \_\_\_\_\_ Number of copies: \_\_\_\_\_

Ship Method:  UPS overnight delivery (additional charges)  Regular mail

Ship to name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime phone with area code: \_\_\_\_\_

Credit card:  Visa  MasterCard  American Express  Discover

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's email: \_\_\_\_\_