

**GRANT COUNTY HEALTH DISTRICT  
1038 W. IVY ST. - MOSES LAKE, WA 98837  
509-766-7960**

**APPLICATION FOR DEATH CERTIFICATE  
*FEE IS \$20.00 PER COPY***

**NAME AND ADDRESS OF PERSON/AGENCY REQUESTING COPY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**FULL NAME OF PERSON:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**NUMBER OF COPIES REQUESTED:** \_\_\_\_\_

**ADDRESS TO BE MAILED TO IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF PERSON REQUESTING CERTIFICATE:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	<b>COPIES:</b> _____
	<b>DATE:</b> _____
	<b>CERT.#:</b> _____ - _____
	<b>BY</b> _____

**DATE RECD.** \_\_\_\_\_ **REC. #:** \_\_\_\_\_ **BY:** \_\_\_\_\_ **MAIL** \_\_\_\_\_ **PICK-UP** \_\_\_\_\_

**AMOUNT PAID** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_ **CASH** \_\_\_\_\_ **PICKUP** \_\_\_\_\_