



Death Certificate Application

Name of the deceased (<i>First/Middle/Last</i>): <i>*Anything prior to 2007 must go through the State of WA DOH</i>
Date of Death (<i>Month/Day/Year</i>):
City or County of Death (<i>Washington State Only</i>):

REQUESTOR INFORMATION

Name of Requestor:	Phone Number:
Street/Mailing Address:	City / State: Zip:

PAYMENT INFORMATION

PROCESSING FEES APPLY TO ALL PAYMENTS MADE BY DEBIT/CREDIT CARD IN THE AMOUNT OF \$2.00 OR 2.5% WHICHEVER IS GREATER. We accept Cash, Check (made out to Mason County Treasurer), Visa, Mastercard, Discover, American Express, & Debit

Number of Certificates:	_____ X \$20.00	= \$ _____	<i>(If paying by credit card, ADD \$2.00 or 2.5% whichever is greater)</i>
Corrected Copy (1 st one only):	_____ @ \$10.00	= \$ _____	<i>(If paying by credit card, ADD \$2.00 or 2.5% whichever is greater)</i>
Add'l Corrected Copies:	_____ X \$ 3. 00	= \$ _____	<i>(If paying by credit card, ADD \$2.00 or 2.5% whichever is greater)</i>
VA Copy – 1 Free Copy (must attach DD214 or Letter from VA)	_____ Free	= \$ _____	<i>(If paying by credit card, ADD \$2.00 or 2.5% whichever is greater)</i>

Amount Paid: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check (<i>Payable to MCT</i>)	<input type="checkbox"/> Credit/Debit (<i>processing fee</i>)
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APPLICATION SUBMITTAL

<p style="text-align: center; font-weight: bold;">Applications may be submitted by:</p> <p style="text-align: center; font-weight: bold;">Mail or In-Person to:</p> <p style="text-align: center;">Mason County Public Health 415 N. 6th Street, Shelton, WA 98584</p>	<p style="text-align: center; font-weight: bold;">Contact Information:</p> <p>Phone: (360) 427-9670 x400 Shelton (360) 275-4467 x400 Belfair (360) 482-5269 x400 Elma</p> <p>Fax: (360) 427-7787</p>
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FOR OFFICE USE ONLY

Date Request Received: _____ Date Issued: _____ Date Picked up/Mailed: _____ Receipt #: _____

Picked up/ Mailed by: _____ Certificate #(s): _____