



proud past. promising future

CLARK COUNTY WASHINGTON

P.O BOX 9825  
VANCOUVER, WA 98666

# CLARK COUNTY PUBLIC HEALTH VITAL RECORDS CERTIFICATE APPLICATION

ENCOUNTER \_\_\_\_\_

**PLEASE NOTE: CLARK COUNTY DEATH CERTIFICATES ONLY  
FOR LAST 10 YEARS ONLY**

TODAY'S DATE: \_\_\_\_\_ # of Copies @ \$20.00 ea.

NAME OF DECEASED \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH \_\_\_\_\_  
MONTH DAY YEAR

PLACE OF DEATH \_\_\_\_\_  
CITY COUNTY

## REQUESTOR'S NAME, ADDRESS REQUIRED

NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### FOR OFFICE USE ONLY

CASH _____	AMT REC'D _____	CHECK # _____
MC/VISA # _____	EXP. DATE _____	
APPROVAL # _____	CASHIER: _____	

Document # \_\_\_\_\_