



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. ♦ PO Box 9825
Vancouver, WA 98666-8825
(360) 397-8092 ♦ cntyhealthvitalrecor@clark.wa.gov

TODAY'S DATE: _____

DEATH CERTIFICATE APPLICATION FOR FUNERAL HOMES
please type or print clearly

NAME: _____ DOB: _____ DOD: _____
FIRST LAST MM/DD/YYYY MM/DD/YYYY

#COPIES: ____ First Order Corrected VA Re-order/Previous Cert # Issued: _____

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FUNERAL HOME and ADDRESS REQUIRED

Funeral Home Name: _____

Phone & email: _____

Address: _____

City: _____ State: _____ Zip: _____

Your account number _____

Delivery preference: mail hold for pick up

INTERNAL USE ONLY

Payment type:

Cash Check Credit on Account

Amount Rec'd: _____

Invoice# _____