

## DEATH CERTIFICATES:

Kitsap County Health District offers certified copies of deaths occurring in Kitsap County for one year past the date of death.

The fee is **\$20.00** per copy, plus a **\$4.00 Handling Fee, per order.**

Make checks or money orders payable to "K.C.H.D."

*Please add postage to the cost, if you want to have the copies of the Certificate sent to via the U.S. Mail.*

Information needed to research death records includes:

- **The full name of the deceased.**
- **The date of death and place of death (city).**
- **To help insure the correct record is found, please also provide the age of the deceased, marital status with spouses name if married, place of birth, and parent's names if known.**

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You may order death certificates in the following ways:

5. By **phone** with a VISA or MasterCard by calling **(360) 337-5246 ext. 6364** and following the instructions provided.
6. By **fax** using VISA or MasterCard only as a payment method. Applications must be faxed to **(360) 337-5298.**
7. By **mailing** a check or money order for **\$20.00**, per copy, plus a **\$4.00 Handling Fee, per order**, payable to the "K.C.H.D.",

with the required information identified above, to:

**Kitsap County Health District  
Attention: Vital Records  
345 6th Street, Suite #300  
Bremerton, WA 98337-1866**

*Please add postage to the cost, if you want to have the copies of the Certificate sent to via the U.S. Mail.*

8. By **visiting our office** at **345 6th Street, Suite 300 in Bremerton**, Monday – Friday between the hours of **8 a.m.** and **4 p.m.**

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Applications are processed within 48 hours of receipt. UPS overnight delivery is available to most areas at an additional charge. For information on this service call **(360) 337-5235.**

For births registered before 1936, please contact the Washington State Center for Health Statistics at (360) 236-4300, or visit their website at: <http://www.doh.wa.gov/EHSPHL/CHS/cert.htm>

Send this completed application and **\$20.00**, per copy, plus a **\$4.00 Handling Fee, per order**, with a check or money order, payable to **K C H.D.** to:

**Kitsap County Health District Attention:  
Vital Records 345 6th Street, Suite #300  
Bremerton, WA 98337-1866**

*Please add postage to the cost, if you want to have the copies of the Certificate sent to via the U.S. Mail.*

*Applications may be faxed to (360) 337-5298 using VISA or MasterCard only as a payment method*

**Kitsap County Health District  
APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE**

Please forward me a copy of the death certificate for the individual identified below. Enclosed is a check or money order made payable to "K.C.H.D."

Full Name of deceased: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Age of Deceased: \_\_\_\_\_ Funeral Home: \_\_\_\_\_

**Quantity requested:**

Certified Copies: (#) \_\_\_\_\_ @ \$20.00 = \_\_\_\_\_

VA Copies: (2 Allowed at no charge) (#) \_\_\_\_\_ These are good for VA use only.

Total Copies Ordered (#) \_\_\_\_\_

Handling Fee per Order: \$ 4.00  
*Please add postage to the cost, if you want to have the copies of the Certificate sent to via the U.S. Mail.* \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**Identify your mailing address below. This information will be used to mail your certified copies to you.**

Name: \_\_\_\_\_

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

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

PHONE NUMBER: \_\_\_\_\_ (NEEDED IF YOU WISH TO BE CALLED WHEN COPIES ARE READY)

**OFFICE USE ONLY:**

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Cash/Check # \_\_\_\_\_

Register Receipt # \_\_\_\_\_