



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. ♦ PO Box 9825
Vancouver, WA 98666-8825
(360) 397-8092 ♦ Fax (360) 397-8091

ENCOUNTER # _____

VITAL RECORDS DEATH CERTIFICATE APPLICATION

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

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

NAME ON RECORD _____
FIRST MIDDLE LAST (MAIDEN NAME)

DATE OF DEATH _____
MONTH DAY YEAR

PLACE OF DEATH _____
CITY COUNTY HOSPITAL

REQUESTOR'S NAME and ADDRESS REQUIRED

NAME _____ DAYTIME PHONE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

Visa and MasterCard accepted

For Office Use Only

TYPE OF PAYMENT:

- CASH
- CREDIT / DEBIT
- CHECK# _____

AMOUNT RECEIVED \$ _____

Invoice # _____

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