

DEATH CERTIFICATES:

Kitsap County Health District offers certified copies of death certificates on a walk in basis for all deaths occurring in Kitsap County for a period of 3 years from the date of death.

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| BY MAIL | Kitsap County Health District Attention: Vital Records 345 6th Street, Suite #300 Bremerton, WA 98337-1866 |
| VIA FAX | (360) 337-5298 |
| WALK-IN | 3 rd floor of the Norm Dicks Government Center located at 345 6th Street in Bremerton. Monday – Friday between the hours of 8 a.m. and 4 p.m. |

How much will the certificate cost?

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| Certificate Fee | \$20.00 per certificate |
| Postage | Current 1 st class postage rate up to 4 copies Please call (360) 337-5235 for additional rates. |
| Handling Fee (if mailed) | \$4.00 (per order regardless of number of copies) |
| Cashier Checks/Money Orders Payable to: | K.C.H.D. |

What information do I need to have to order a death certificate?

- Full name of deceased.
- Place of death.
- Date of death.
- Age of deceased.
- Funeral Home.

What forms of payment do you accept?

- VISA or MasterCard
- Debit Cards with a VISA logo
- Cash
- Cashier's Check/Money order (**No Personal Checks**)

What hours can I walk-in and get a death certificate?

Requests for Vital Records will be taken Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m. Walk-in services can be issued the same day or mailed.

How long does it take for you to mail the death certificate?

Applications are processed within 48 hours of receipt and mailed at that time. Overnight delivery is available to most areas at an additional charge. For information on this service call (360) 337-5235.

Kitsap County Health District Death Certificate Application

Instructions:

1. Please print clearly.
2. Certified death certificates will be mailed to the address you enter on the mailing label located at the bottom of this form. If no record is found, we will call or mail a letter.
3. If you have any questions call (360) 337-5235 and ask for Vital Records.

Full name of deceased: _____

Date of death _____ Date of Birth (if known) _____ Place of death: _____

Age of deceased: _____ Funeral home: _____

I would like ___ copies at \$20.00 each. For mailed copies include a \$4.00 handling fee, and the current 1st class postage rate for up to 4 copies.

VA Copies (two at no charge). I would like ___ copies. These are good for VA use only. For mailed copies, include a \$4.00 handling fee, and the current 1st class postage rate for up to 4 copies.

Please call (360) 337-5235 for additional rates per order.

Make Cashier's check/Money order payable to K.C.H.D.

Paying with a Credit Card?

Visa MasterCard Card Number: _____ Expiration Date: ____

Please identify your mailing address below:

Please check one:

This is the address where the certificate(s) will be mailed:

____ I will pick up the death certificate(s)

____ Please mail the death certificate(s)

PHONE: () _____ *(if you wish to be called when copies are ready for pickup at our office.)*

Email: _____

*For office use only:

DATE PD _____ AMOUNT _____ CASHIER'S CHECK/MONEY ORDER _____ Credit Card _____

RECEIPT # _____ LOG # _____