



Asotin County Health District

102 1st Street / PO Box Asotin, WA 99402

Phone: 509.243.3344 FAX: 509.243.3345

Application for Certified Death Certificate

Date of Request: _____

Name of Deceased: _____

Date of Death _____ Age of Deceased _____

County of Death _____

Person Requesting

Full Name (print) _____

Street/Po Box # _____

City: _____ State: _____ Zip Code: _____

Quantity of certificates _____ X \$20.00 = \$ _____

Veteran Copy: Yes: _____ No: _____

Mail: _____ Pick-up _____

Address: _____

Funeral Home Requesting

Name of Funeral Home: _____

Signature of Requester: _____

Internal use only:

Certificate # _____