



proud past. promising future

CLARK COUNTY WASHINGTON

P.O BOX 9825
VANCOUVER, WA 98666

CLARK COUNTY PUBLIC HEALTH VITAL RECORDS CERTIFICATE APPLICATION

ENCOUNTER _____

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

TODAY'S DATE: _____

_____ # of Copies @ \$20.00 ea.

NAME OF DECEASED

FIRST

MIDDLE

LAST

DATE OF DEATH

MONTH

DAY

YEAR

PLACE OF DEATH

CITY

COUNTY

REQUESTOR'S NAME, ADDRESS REQUIRED

NAME _____ DAYTIME PHONE _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

FOR OFFICE USE ONLY

CASH _____	AMT REC'D _____	CHECK # _____
MC/VISA # _____	EXP. DATE _____	
APPROVAL # _____	CASHIER: _____	

Document # _____