

Death Certificate Application

ORDER ONLINE: <https://www.tpchd.org/certificates.php>

This application is for the Electronic Death Registration System and Pierce County only. Non-EDRS or non-Pierce County click here

Type of Order: Counter (in person) Mail-In

PLEASE PRINT CLEARLY	
Deceased (first, middle, last):	
Date of Death:	Age at time of Death:
City of Death:	Funeral Home if Known :

REQUESTOR INFORMATION (Required)	
Name of Requestor:	
Number & Street Address:	
City:	State & Zip:
Phone #:	Cell Phone #:

Credit Card Information (address where your bill/statement is received) <small>Credit card handling fee = Additional \$1 per each Certificate</small>		
Name of Card Holder:		
Billing Address of Card Holder:		
City, State, Zip:		
Visa/MC #:	Expiration:	Security Code:
Signature of Card Holder:		
Your Email Address:		

Billing Address must match with above or order will be returned

Please complete your Mail Label legibly

This is your MAIL LABEL – Please print CLEARLY
Name:
Mailing Address:
City, State, Zip

Make Money Orders Payable to: VITAL RECORDS			
NO PERSONAL CHECKS		QUANTITY	TOTALS
Death Certificates	\$20 ea		
* White Copy	\$20 ea		
*Mail Out Fee	\$2		
**Federal Express	\$20		
***Credit Card Fee	\$1/certificate		
Priority Mail	\$7		
Regular Mail	Free		

Grand Total:

* **\$2 Mandatory** Mail Fee per record – for mail-outs only – in case order is lost in the mail, we will replace it after 30 days from the issue date. You must contact us within 90 days from the order date. Additional fee for more than 4 certificates per record being mailed (ie. 1-4 = \$2; 5-8 = \$4; 9-12 = \$6, etc.

** Overnight delivery – If received prior to 1pm, order will be delivered the next business day; additional fee for delivery outside continental US.

*** If paying by credit card (**web orders excluded**) there is a service fee of \$1 for each \$20 charged.

VA Request # _____

OFFICE USE ONLY	
Date Received:	Certificate #:
Total Amount:	CC Ref #:
PAID:	Staff Initials:
Method of Payment	
<input type="checkbox"/> Cash <input type="checkbox"/> MO/Cashier's Check <input type="checkbox"/> Credit Card	

ACTION	
Date:	<input type="checkbox"/> Picked Up
<input type="checkbox"/> Mailed	<input type="checkbox"/> Folder
<input type="checkbox"/> SASE	<input type="checkbox"/> SAE

FAX/Email Information	
Our FAX Number: (253) 798-6560	Your FAX/Email:
<p>* Note: FAXED/Emailed certificates are of no legal value. If you are requesting a FAXED or Emailed copy, the fee is the same as a certified copy (\$20 per copy) and you must purchase a certified copy at the same time</p>	