



**ASOTIN COUNTY HEALTH DISTRICT**

431 ELM STREET

CLARKSTON, WASHINGTON 99403-2694

(509) 758-3344

**APPLICATION FOR CERTIFIED**  
**DEATH CERTIFICATE**

**Full Name of Deceased:** \_\_\_\_\_

**Place of Death:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Age of Deceased:** \_\_\_\_\_

**Signature of Person Requesting Certificate**

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**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Qty.** \_\_\_\_\_ **x \$20.00 =** \_\_\_\_\_

**Veteran Copy** \_\_\_\_\_