

Please Read These Instructions Carefully

Wait Period

Fetal Deaths

Fetal Death: The Yakima Health District reports fetal deaths to the Washington State Department of Health if they are under a year old/show no-sign of life.

Cause of Death

Cause of Death: Cause of death can take anywhere between 8-16 weeks. Please contact your local coroner at **509-574-1610** or your local funeral home to confirm the status of cause of death to avoid search fees from your local health department. You may also contact the state directly at **360-236-4300 (option 3)**.

Corrections and Amendments

Corrections: 3-5 Business Days/Días Hábil. Corrections made through affidavits can take up to a week to apply to the record. We charge an \$8 search fee to look up records that might have information different from what you put on your application when requesting the record per **RCW 70.58.107**.

Court Order Corrections: Corrections made through court orders must be sent to Olympia for processing and can take 7-10 business days for processing.

***To avoid search fees, we advise that you contact the state directly at 360-236-4300 (option 3) before requesting a record where information is pending or changes have been made to the record.**

FEES

Basic Fees

\$30.00 Same Day Issuance per name/Servicio de Mismo Día por nombre
\$20.00 Next Day (pick up in office)/Servicio de Siguiente Día (recojer en oficina)
\$22.00 Regular Mail/Correo regular
\$27.00 Priority Mail/Correo de Prioridad
\$8.00 Search Fee if your record is requested but not found
Cobramos si su registro se solicita pero no se encuentra (**RCW 70.58.107**)

Additional Fees

\$.50 for each Plastic Cover/Cubertor de plastica
\$20.00 for each Additional Certified Copy/Copia Certificado Adicional
\$20.00 Corrections/Cargo Adicional para Correcciones

VITALCHEK

To order on-line, through VitalChek, please visit, www.vitalchek.com. Additional charges will apply. All credit cards are processed through VitalChek.



Death Certificate Application

Aplicacion Para Acta de Difuncion

(1919 to Present/ a Presente)

Yakima Health District
 Vital Records
 1210 Ahtanum Ridge Drive
 Union Gap, WA. 98903
 Hours/Horas: 8:30-12:30; 1:30-4:30, M-F
 Office: 509-249-6538
 Fax: 509-249-6605
 Email: deathrecords@co.yakima.wa.us

YAKIMA/SELECT COUNTY DEATHS ONLY/NACIMIENTOS DEL CONTADO DE YAKIMA SOLAMENTE

TODAY'S DATE/ FECHA DE HOY: _____

NAME ON CERTIFICATE:

NOMBRE DEL DIFUNTO: _____
First/Primero Middle Name/Segundó Last/Apellido(s)

DATE OF DEATH:

FECHA DE FALLECIMIENTO: _____
Month/Mes Day/Día Year/Año

PLACE OF DEATH:

LUGAR DE FALLECIMIENTO: _____
Hospital and/or City/Ciudad

PERSON PICKING UP OR ORDERING CERTIFICATE MUST COMPLETE THE FOLLOWING FOR IDENTIFICATION PURPOSES:
 LA PERSONA QUE RECOJA O SOLICITE UN CERTIFICADO DEBE COMPLETAR LO SIGUIENTE PARA PROPOSITOS DE IDENTIFICACIÓN:

NAME: _____
 NOMBRE: *First/Primero M.I./Inicial o Segundó nombre Last/Apellido(s)*

ADDRESS: _____
 DOMICILIO RESIDENCIAL: *Street Address and/or POB/ Domicilio o caja postal*

CITY: _____ **STATE:** _____ **ZIP:** _____
 CIUDAD: ESTADO: CÓDIGO:

SIGNATURE/FIRMA: _____ **PHONE/NÚMERO DE TELÉFONO:** _____

Option A: Same Day	Option B: Next Day	Option C: Mail
\$30 (per certificate; per name)	\$20 (per certificate; per name)	\$22 (per certificate; per address)
Additional Fees:	Additional Fees:	Additional Fees:
Plastic Cover + 0.50¢ (each) _____	Plastic Cover + 0.50¢ (each) _____	Plastic Cover + 0.50¢ (each) _____
Qty. _____	Qty. _____	Priority Mail + \$5.00 (per address) _____ Qty. _____
Option A Total: _____	Option B Total: _____ <small>*Bring in receipt the next business day to pick up certificate.</small>	Option C Total: _____ <small>*Mail <u>usually</u> takes 1-2 weeks.</small>

Office Use Only/Usó de Oficina Solamente: Initials: _____ Number of Copies: _____

SD ND M

Total Paid/Pagado: _____ **Receipt #:** _____