

Use this form to order an official copy of the death certificate from Coos County: Within the <u>first 6 months</u> following the event.

Requests made <u>after 6 months</u> from the event date must be requested from Oregon Vital Records. Website for further information: healthoregon.org/chs

Death Certificate Request Form

Number of Certified Copies: Long (with cause of death) Fee: \$25.00 per certified copy			Short (without cause of death)			
Full name of deceased:						
	(first)		(middle)		(last)	
Date of death:	Place of death:			<u></u> COO	<u> </u>	
(mm/dd/y	ууу)		(city)			
Name of decedents spouse	•					
rune of decedents spouse	(first)	(first) (middle)		(last name prior to first marriage)		
Name of person ordering						
Your relationship to the de Reason for needing the rec						
Reason for needing the ree	oiu					
Contact number:		Emai	l address:			
Your Address:)	(street)	(city)	(state)	(ziŋ	
 Person ordering: Attac If you are not the listed court paperwork, or othe 	l spouse or j	parent of the	decedent, please	e attach a photo	copy of birt	
Current Mailing Address:	(number)	(street)		(city)	(state)	(zip)
Required Signature:						
Please make your check* of *If paying by personal check, it					ed	

Card payments can be processed by going to: <u>https://cooshealthandwellness.org/online-payments/</u> and selecting "Public Health Online Payments" (order form, ID and proof of eligibly is still required for processing)

Online payment has been processed