

Application for Washington State Birth Certificate

Pursuant to the Revised Code of Washington 70.58.107, if we cannot fill your order because there is no matching record or because you cannot provide the required information, we are required to charge you an \$8 search fee instead of the \$20 per certificate fee. In that case, we will provide a partial refund to you.

APPLICANT INFORMATION (Person requesting)				
YOUR NAME			DATE	
STREET ADDRESS			EMAIL ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE	

SHIP TO ADDRESS, IF OTHER THAN APPLICANT				
SHIP-TO-NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

CERTIFICATE INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME (name born with)
DATE OF BIRTH	CITY OF BIRTH	CURRENT AGE
MOTHER or PARENT #1 FIRST NAME	MOTHER or PARENT #1 MIDDLE NAME	MOTHER or PARENT #1 <u>MAIDEN</u> LAST NAME (name prior to marriage)
FATHER or PARENT #2 FIRST NAME	FATHER or PARENT #2 MIDDLE NAME	FATHER or PARENT #2 LAST NAME

PAYMENT INFORMATION			
NOTE: SNOHOMISH HEALTH DISTRICT DOES NOT ACCEPT CASH FOR MAIL-IN ORDERS			
Make checks or money orders payable to Snohomish Health District. All checks must have your current address and phone number.			
Mail this form with fee or order in person: Snohomish Health District Vital Records 3020 Rucker Ave STE 104 Everett WA 98201			
NUMBER OF CERTIFIED COPIES	X \$20.00/each = \$	+ Handling fee(add \$2.00 per mailed order)	Total \$

OFFICE USE ONLY					
Received	Amount	Issued	Mailed	Pick-up	Paper Number

VR-Forms website 42820dp

Vital Records

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ fax: 425.339.5218 ■ tel: 425.339.5290