

## Instructions for Birth Certificate Order Form

Carefully read these instructions before completing and submitting the Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a birth certificate.

### Checklist for completing the Birth Certificate Order Form:

- Complete all fields on the birth certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- For mailed in orders, we accept money orders or cashier's checks made payable to SHD, no cash.
- For in person orders, we accept Visa, MasterCard, cash, money orders, or cashier's checks made payable to SHD.
- Send the order form, all documents, and nonrefundable payment to:

Snohomish Health District  
Vital Records  
3020 Rucker Avenue, Suite 104  
Everett, WA 98201

### What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

### Who are the qualified applicants for a birth certificate?

Qualified applicants for a birth certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, or Government Agency or the Courts (only for official duties).

### Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

**\*\*If you are not one of the listed above, STOP. You will not receive a WA State birth certificate\*\***

### What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested birth certificate.

1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. self or parents), your proof of eligibility requirement is met.
2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

### What documents will the Snohomish Health District (SHD) accept to prove eligibility?

SHD will accept the following documents to prove eligibility:

- Copies of vital records such as official certifications of birth, death, marriage, and divorce from this or another jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal guardian)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

View the [Proof of Eligibility \(PDF\)](#) for examples of how to prove qualifying relationship.

### Vital Records

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

### What identity documentation will SHD accept?

SHD will accept a copy of:

- One government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then at least two alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of [acceptable identity documentation](#).

### What information is required?

The following information is required as it appears on the birth certificate:

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of birth (month, date, year)
- City or county where the birth occurred

### What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you are unable to provide the required documentation or information. You will need to contact the Washington State Department of Health, Center for Health Statistics, P.O. Box 9709, Olympia, WA 98507. Phone 360.236.4300.

### What if I need to make corrections or changes to a birth certificate?

Corrections, such as spelling errors, need to have an [Affidavit of Correction](#) form completed. The form summarizes how to make a correction and can only be done for births that took place in Washington State. The form will need to be mailed to the Washington State Department of Health, Center for Health Statistics, P.O. Box 47814, Olympia, WA 98504-7814. Phone 360.236.4300. Snohomish Health District cannot make any corrections to birth certificates.

### What if I need to add or change a parent on a birth certificate?

There are only two ways to add or change who is listed as a parent on a birth certificate: [Acknowledgment of Parentage](#) or [Court Order](#). Refer to the Washington State Department of Health for more [parentage](#) information. Phone 360.236.4300. Snohomish Health District cannot make any parentage changes.

### What address do I put on the order form?

The address you provide on the order form must be the address you are listed to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name (Ex. John Doe C/O Jane Doe, 3020 Rucker Ave., Suite 104, Everett, WA 98201). If filling in the form by hand, please print clearly to avoid delay in processing.

### What form of payment is accepted?

In person, we accept Visa, MasterCard, cash, money orders or cashier's checks made payable to SHD. For mailed in orders we accept money orders or cashier's checks made payable to SHD, no cash.

**Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a birth certificate. See WAC 246-491-990.**

For more information about ordering Birth & Death Certificates, visit the Snohomish Health District's website at <https://www.snohd.org/467/4550/Birth-Death-Certificates>

For more information about vital records, please visit the Washington State Department of Health, Center for Health Statistics website at <https://www.doh.wa.gov/LicensesPermitsandCertificates/VitalRecords>. Phone 360.236.4300.

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# WASHINGTON STATE BIRTH CERTIFICATE ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD PARTY VENDOR TO OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

**WE ACCEPT VISA, MASTERCARD, CASH,  
MONEY ORDERS & CASHIER'S CHECKS  
MADE PAYABLE TO SHD. NO REFUNDS**

<b>APPLICANT INFORMATION</b>	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS: (MAILING STREET ADDRESS REQUIRED)			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

**To receive a birth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.**

<b>SELECT RELATIONSHIP:</b>	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

<b>BIRTH RECORD DETAILS</b>	CERTIFICATE HOLDER FIRST NAME(S):	CERTIFICATE HOLDER FULL MIDDLE NAME(S):	CERTIFICATE HOLDER LAST NAME(S):	
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:	COUNTRY OF BIRTH:
	PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)	
	PARENT/FATHER FIRST NAME(S):	PARENT/FATHER MIDDLE NAME(S):	PARENT/FATHER LAST NAME(S):	

***I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).***

SIGNATURE (APPLICANT)	DATE SIGNED: (MM/DD/YYYY)
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FEES: (Check the box to select then enter the quantity.)				
<input type="checkbox"/> Total number of <b>CERTIFIED</b> certificates		x	\$25	=
<input type="checkbox"/> Identity Verification & Record Retention Fee (One Per Record Verification)				+ \$13.50
<input type="checkbox"/> First Class Mail USPS (Per Mailed Order Only)				+ \$2.00
<b>TOTAL AMOUNT DUE</b> (ADD CERTIFICATE FEE, IDENTITY FEE + MAILING FEE FOR TOTAL DUE)				

FOR OFFICE USE ONLY				
<input type="checkbox"/> NM	<input type="checkbox"/> NI	<input type="checkbox"/> NR	<input type="checkbox"/> SIE	<input type="checkbox"/> MD
<input type="checkbox"/> MR	<input type="checkbox"/> PP	<input type="checkbox"/> NQ	<input type="checkbox"/> IA	
<input type="checkbox"/> CALLED	DATE:	INITIALS:		
<input type="checkbox"/> EMAILED	DATE:	INITIALS:		
<input type="checkbox"/> LETTER SENT	DATE:	INITIALS:		
OTHER:				

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