

## Instructions for Birth/Death Informational Copies Order Form

Carefully read these instructions before completing and submitting the Birth/Death Informational Copies Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires applicants to provide required information to order noncertified informational copies of birth and death records.

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

- Complete all fields on the informational copies form
- 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 and nonrefundable payment to:

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

### What is a noncertified informational copy?

Noncertified informational copies of birth and death records are not issued on the certified paper with security features and cannot be used for legal purposes. It will contain a watermark stating "Cannot be used for legal purposes. Informational only."

Check with the agency or business about whether or not they will accept informational copies prior to purchasing a noncertified informational copy.

Informational copies of birth records contain the same information as a certified birth copy.

Informational copies of death records contain the same information as the certified short form death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of long form death, fetal death, marriage, or divorce records are not available.

### What information is required for noncertified informational copy of birth records?

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

- 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 information is required for noncertified informational copy of death records?

The following information is required as it appears on the death record:

- First and last name of the decedent
- Approximate date of death (month and year)
- City or county where the death occurred

### Vital Records

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



Snohomish Health District  
Vital Records  
3020 Rucker Avenue, Suite 104  
Everett, WA 98201-3900  
425.339.5290

**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 can 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. 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.

**Vital Records**

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

WASHINGTON STATE  
**BIRTH/DEATH**  
INFORMATIONAL COPIES  
ORDER FORM

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

Snohomish Health District  
Vital Records  
3020 Rucker Avenue, Suite 104  
Everett, WA 98201-3900  
425.339.5290

**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:		

**NONCERTIFIED INFORMATIONAL COPIES OF BIRTH AND DEATH RECORDS ARE NOT ISSUED ON CERTIFIED PAPER AND CANNOT BE USED FOR LEGAL PURPOSES. COPIES WILL CONTAIN A WATERMARK STATING THAT IT IS FOR INFORMATIONAL PURPOSES ONLY. THE INFORMATIONAL DEATH COPY WILL NOT DISPLAY CAUSE AND MANNER OF DEATH OR DECEDENT'S SSN.**

<b>BIRTH RECORD DETAILS</b>	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):	
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:	COUNTRY OF BIRTH:
	MOTHER/PARENT BIRTH FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)	
	FATHER/PARENT FIRST BIRTH NAME(S):	PARENT/FATHER MIDDLE NAME(S):	PARENT/FATHER LAST NAME(S):	
<b>TOTAL NUMBER OF BIRTH INFORMATIONAL COPIES ORDERING: [    ]</b>				

<b>DEATH RECORD DETAILS</b>	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):		
	APPROXIMATE DATE OF DEATH: (MONTH & YEAR)		CITY OR COUNTY OF DEATH:		
	OTHER NAMES, IF KNOWN (EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):		SPOUSE(S), IF KNOWN:		
	DATE OF BIRTH, IF KNOWN:		PLACE OF BIRTH, IF KNOWN:		
<b>TOTAL NUMBER OF DEATH INFORMATIONAL COPIES ORDERING: [    ]</b>					

FEES: Check the box to select order type then enter the quantity.				
<input type="checkbox"/> Total number of <b>INFORMATIONAL</b> copies		x	\$25	=
<input type="checkbox"/> First Class Mail USPS (Per Mailed Order Only)				+ \$2.00
<b>TOTAL AMOUNT DUE</b> <small>(ADD TOTAL COPY FEE + MAILING FEE FOR TOTAL DUE)</small>				=

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"/> PCOD	<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:				