

WHITMAN COUNTY HEALTH DEPARTMENT  
 310 N MAIN ST, STE 108  
 COLFAX, WA 99111  
 (509) 397-6280

## BIRTH CERTIFICATE ORDER FORM

MAKE CHECKS AND MONEY ORDERS PAYABLE TO: WHITMAN COUNTY HEALTH DEPARTMENT

<b>APPLICANT INFORMATION</b>	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):			
	ADDRESS SENDING CERTIFICATE(S) TO:			
	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"/> STEPCHILD	<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 wilfully 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: (enter quantity)		FOR OFFICE USE ONLY	
Total number of CERTIFIED certificates	_____ x \$25.00	PAID BY: <input type="checkbox"/> CHECK/MO <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD	Check #: _____
Total number of HEIRLOOM certificates	_____ x \$50.00		Receipt #: _____
APOSTILLE: (Indicate country requesting document here)	_____ x \$15.00		Authorization #: _____
<b>TOTAL AMOUNT DUE</b>	<b>\$</b> _____	<input type="checkbox"/> CERTIFICATE ISSUED	<b>HOLD FOR:</b> <input type="checkbox"/> IDENTITY VERIFICATION <input type="checkbox"/> AUTHORIZATION VERIFICATION