



WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

314 West Main Street • PO Box 1753 • Walla Walla, WA 99362  
 Main Telephone: (509) 524-2650 • Confidential Fax: (509) 524-2642 • Main Fax: (509) 524-2678

## BIRTH CERTIFICATE ORDER FORM

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

Certified certificate       Informational Copies  
 (Do not complete 'Select Relationship' if getting informational copies)

**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.**

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.

SELECT RELATIONSHIP:	<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

BIRTH RECORD DETAILS	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 order type then enter the quantity.)				
<input type="checkbox"/> Total number of CERTIFIED certificates		x	\$25	=
<input type="checkbox"/> Total number of INFORMATIONAL copies		x	\$25	=
SHIPPING				
<input type="checkbox"/> Mail Shipping			\$5	=
<b>TOTAL AMOUNT DUE</b>				
(ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)				
<i>No Refunds</i>				

Office Use Only	
Receipt	
Certificate Issued	
Date	