



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. **Be advised:** we are only able to process certificate requests for births in Washington from July 1, 1907 to present.

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)
- Payment: if check/money order, make payable to Grays Harbor County Health Department

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 are not eligible to 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 be accepted to prove eligibility?

The following documents will be accepted to prove eligibility:

- Copies of vital records such as 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)

What identity documentation will be accepted?

We 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. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

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 (mm/dd/yyyy)
- City or county where the birth occurred



BIRTH CERTIFICATE ORDER FORM

Public Health & Social Services
Vital Records
2109 Sumner Ave
Aberdeen, WA 98520

REQUESTOR INFORMATION	NAME OF PERSON ORDERING CERTIFICATE(S):		
	MAILING ADDRESS:		
	CITY:	STATE:	ZIP CODE:
	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.

SELECT RELATIONSHIP:	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREAT GRANDPARENT	<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	FIRST NAME AT BIRTH:	FULL MIDDLE NAME AT BIRTH:	LAST NAME AT BIRTH:
	DATE OF BIRTH (mm/dd/yyyy):	CITY OF BIRTH:	COUNTY OF BIRTH:
	MOTHER/PARENT FIRST NAME:	MOTHER/PARENT MIDDLE NAME:	MOTHER/PARENT MAIDEN LAST NAME:
	FATHER/PARENT FIRST NAME:	FATHER/PARENT MIDDLE NAME:	FATHER/PARENT LAST NAME:

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)
-----------------------	---------------------------

FEE: Enter the quantity				
Total number of CERTIFIED copies	x	\$25.00	=	\$
+ \$4 Mail Handling Fee				\$4
TOTAL AMOUNT DUE				\$

ORDER BY MAIL WITH CHECK OR MONEY ORDER PAYABLE TO GHCPH

Make check/money order payable to: Grays Harbor County Health Department	
Check/Money Order Number:	Check/Money Order Amount:
Cash Amount:	

Please check here if you would like the certificate mailed to your address

Applications may be submitted by mail* or in-person to:

Grays Harbor County Public Health
2109 Sumner Ave, Aberdeen WA 98520
Attn: Vital Records

*All requests received by mail will incur an additional \$4 fee and must include copies of identity and proof of eligibility documents.

OFFICE USE ONLY		
Authorization #		
Today's Date: _____	<input type="checkbox"/> In-person	<input type="checkbox"/> Mailed