



## 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. **Be advised:** we are only able to process certificate requests for deaths in Washington from Jan 1, 2012 to present, or for births in Washington from July 1, 1907 to present.

### Checklist for completing the Birth/Death Informational Copies Order Form:

- Complete all fields on the informational copies form
- Payment: if check/money order make payable to Grays Harbor County Health Department

### 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 death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of fetal death 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 (mm/dd/yyyy)
- 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
- Exact date of death (mm/dd/yyyy) or approximate date of death (mm/yyyy)
- City or county where the death occurred



# BIRTH/DEATH INFORMATIONAL COPY ORDER FORM

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

<b>APPLICANT INFORMATION</b>	NAME OF PERSON ORDERING CERTIFICATE(S):		
	MAILING ADDRESS:		
	CITY:	STATE:	ZIP CODE:
	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 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:

**TOTAL NUMBER OF BIRTH INFORMATIONAL COPIES ORDERING: [    ]**

<b>DEATH RECORD DETAILS</b>	FIRST NAME OF DECEASED:	FULL MIDDLE NAME OF DECEASED:	LAST NAME OF DECEASED:
	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:	

**TOTAL NUMBER OF DEATH INFORMATIONAL COPIES ORDERING: [    ]**

FEES: Enter the quantity				
Total number of CERTIFIED copies	x	\$25.00	=	
+ \$4 Mail Handling Fee=				\$4
<b>TOTAL AMOUNT DUE</b>				<b>\$</b>

**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:	

**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.

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

**OFFICE USE ONLY**

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