

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

(BIRTH OCCURRING IN THE STATE OF WASHINGTON 1921 - PRESENT)

Please forward to me a certified copy/copies of the birth certificate indicated below. I enclose in payment, **TWENTY DOLLARS (\$20.00)** for **each copy** requested. Please do not mail cash.

Make your check or money order payable to:
ISLAND COUNTY HEALTH DEPARTMENT

THE FACTS CONCERNING THE BIRTH ARE AS FOLLOWS:

FULL name of child _____

Place of birth _____
Hospital City

Date of birth _____

FULL name of father _____

FULL **Maiden** name of mother _____

Print below the name and address you wish the certificate sent to:

(Name)

Signature of person requesting Certificate

(Mailing Address)

Relationship to person whose certificate is requested

(City, State & Zip Code)

(Date)

Phone number _____

Email address _____

Send this request with check or money order to:

Barbara Cope
Vital Statistics
Island County Health Department
P.O. Box 5000
Coupeville, WA 98239

(360) 679-7351
(360) 629-4522, ext. 7351
(360) 321-5111, ext. 7351

FOR OFFICE USE ONLY
Receipt # _____
[] cc's filled