

MAIL ORDERS TO:

Vital Records
Whatcom County Health Department
509 Girard St
Bellingham, WA 98225

INSTRUCTIONS FOR BIRTH CERTIFICATE ORDER FORM



**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: WCHD
** ABSOLUTELY NO REFUNDS ****

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.

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)
- Check or money order made payable to **WCHD - VR**
- Send the order form, all documents, and nonrefundable payment to:

Vital Records
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

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 will not 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 the Department of Health (DOH) OR Whatcom County Health Department (WCHD) accept to prove eligibility?

DOH & WCHD will accept the following documents 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)

View the Proof of Eligibility (PDF) for examples of how to prove qualifying relationship at the Washington State Department of Health's (DOH) website at:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-178-AcceptableProofsOfEligibilityDocument.pdf>

What identity documentation will DOH or WCHD accept?

DOH/WCHD 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 from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of acceptable identity documentation at the Washington State Department of Health's website at:

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-177-AcceptableProofsOfIdentityDocuments.pdf>

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 (month, date, year)
- City or county where the birth occurred

What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you are unable to provide the required documentation or information.

What is an Heirloom birth certificate?

The Heirloom birth certificate is a birth certificate signed by the Governor and the State Registrar. For more information on Heirlooms, please visit the Washington State Department of Health's website at

<https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce/OrderCertificates/HeirloomBirthCertificates>.

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name

Example:

John Doe
C/O Jane Doe
101 Main St
Bellingham, WA 98225

If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept checks and money orders for requests mailed to Vital Records - Whatcom County Health Department. Make sure your check or money order is made payable to **WCHD - VR**.

**** Do not send CASH ****

Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a birth certificate.

For more information about vital records, please visit our website at:

<https://www.whatcomcounty.us/3311/Order-a-Birth-or-Death-Certificate>

Mail

MAIL ORDERS TO:

Vital Records
Whatcom County Health Department
509 Girard St
Bellingham, WA 98225

CERTIFIED BIRTH CERTIFICATE ORDER FORM



Whatcom County
HEALTH
Department



**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: WCHD
** ABSOLUTELY NO REFUNDS ****

- Mail or bring in person to the Health Department at the above address. Include check or money order payment.
- Please enclose a copy of **valid form of photo identification** with application and any **proof of relationship documents**. Refer to <https://www.doh.wa.gov/LicensesPermitsandCertificates/VitalRecords> to find out which documents are required or call our office at 360-778-6003.
- Online orders visit our website at <http://www.whatcomcounty.us/3311>.
- Newborn certificates are usually available three weeks after date of birth.

***** Number of Copies Requested _____ at \$25 per copy = Total Due: _____ *****

| | | | | |
|------------------------------|---|--------|----------------|----------|
| APPLICANT INFORMATION | Name of person/Company ordering certificate(s): | | | |
| | Mailing Address: | | | |
| | 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.

| | | | | | |
|----------------------------|--|-------------------------------------|--------------------------------------|---|--|
| 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"/> Stepchild | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Legal Representative | <input type="checkbox"/> Courts |

| | | | |
|-----------------------------|---------------------------|------------------------------------|--|
| BIRTH RECORD DETAILS | First Name: | Full Middle Name(s): | Last Name(s): |
| | Date of Birth: | City or County of Birth: | |
| | Mother/Parent First Name: | Mother/Parent Full Middle Name(s): | Mother/Parent Last Name(s): (At Birth - Maiden Name) |
| | Father/Parent First Name: | Father/Parent Full Middle Name(s): | Father/Parent 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:

FOR OFFICE USE ONLY

| | | | | |
|--|--|--|---|---------------------------------------|
| <input type="checkbox"/> No Match | <input type="checkbox"/> No Record | <input type="checkbox"/> Sold in Error | <input type="checkbox"/> Minor Difference | <input type="checkbox"/> Out of State |
| <input type="checkbox"/> Mail Returned | <input type="checkbox"/> Parentage Pending | <input type="checkbox"/> Not Qualified Applicant | <input type="checkbox"/> Incomplete Application | <input type="checkbox"/> Other |
| Correspondence <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> Email | Date: | Initials: | Notes: | |
| Correspondence <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> Email | Date: | Initials: | Notes: | |
| Other: | | | | |
| Date Issued: | | | Issued by: | |
| Method of Certificate delivery: | <input type="checkbox"/> Mailed | <input type="checkbox"/> Counter Pickup | <input type="checkbox"/> Other | |