



ISLAND COUNTY PUBLIC HEALTH

Vital Statistics

1 NE 6th Street Coupeville, WA 98239

360-679-7350

Washington State Certified Birth Certificate Application (In person only)For a mailed Certified Birth Certificate, go to WWW.Vitalchek.com**Applicant Information**

Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone 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. You must provide qualifying proof of identity and proof of eligibility documentation.

Select Relationship	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse/Domestic Partner	<input type="checkbox"/> Sibling	<input type="checkbox"/> Greatgrandparent
	<input type="checkbox"/> Parent	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Legal Guardian
	<input type="checkbox"/> Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Legal Representative
	<input type="checkbox"/> Courts	<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Government Agency	

Birth Record Information

First Name: _____	Middle Name: _____	Last Name: _____
Date of Birth: _____	City of Birth: _____	County of Birth: _____
Mother First Name(s): _____	Mother Middle Name(s): _____	
Mother Last Name(s): (Prior to first marriage) _____		
Father First Name(s): _____	Father Middle Name(s): _____	
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)

Applicant Signature: _____ Date Signed: _____

Fees: (please complete below)	If paying by Check for Money Order, please make payable to ICPH		
Number of Certificates requested: _____	Fee for each certificate: \$25.00	Processing Fee: \$5.00 each	Total Due:

For Office Use Only

Date Stamp	Approved type of Identification used to obtain certified copy(copies) of Birth Certificate:		
	<input type="checkbox"/> Valid Drivers License/ID <input type="checkbox"/> Valid Passport <input type="checkbox"/> Legal Documentation <input type="checkbox"/> Other		
	<input type="checkbox"/> If two alternative documents are received, list the two below (must have matching first and last names and address, or in combination full name, date of birth and photo): _____		
	Receipt Number: _____ Date Received: _____ Initials: _____		
	Date order filled: _____ Initials: _____		