

WASHINGTON STATE BIRTHS 1907 TO PRESENT ONLY

GRANT COUNTY HEALTH DISTRICT BIRTH CERTIFICATE APPLICATION

- \$20.00 Birth Certificate Fee
- \$2.00 Mailing Fee
- \$2.50 In-office Credit Card fee\*\*
- \$6.50 Phone order Credit Card fee \*\*
- \$10.00 Expedite Fee

# Copies Requested \_\_\_\_\_

NAME ON RECORD: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR

PLACE OF BIRTH: \_\_\_\_\_  
CITY COUNTY HOSPITAL

FATHER'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

Requestor's Name and Address (required):

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ACCEPTABLE FORMS OF PAYMENTS ARE:

- CASH IN PERSON – CHECKS ARE NOT ACCEPTED
- MONEY ORDER
- CREDIT CARD \*\*see fees above

Grant County Health District  
1038 W. Ivy Street. - Moses Lake, WA 98837  
(509) 766-7960

\*\*\*\*\*Office use only\*\*\*\*\*

Date Rec'd: _____	Time Rec'd: _____	By: _____	Mail _____	PU _____	UPS _____	EXPEDITE _____
Amount Received: _____	Receipt # _____	Cash _____	MO# _____	Vital Check#: _____		
Date Cert Issued: _____						
Certificate # _____	Issued by: VR _____	DS _____	LC _____	DM _____	PA _____	HK _____

Date: \_\_\_\_\_  
P/U by: \_\_\_\_\_