

Instructions for Birth Certificate Order Form

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)
- ☐ Credit card payment or money order made payable to GCHD
- ☐ Send the order form, all documents, and nonrefundable payment to:

Grant County Health District
1038 W Ivy Ave
Moses Lake WA 98837

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) accept to prove eligibility?

DOH 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.

What identity documentation will DOH accept? DOH 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](#).

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 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 (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept money orders and credit cards for requests mailed to GCHD Make sure your money order is made payable to GCHD.

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.



BIRTH CERTIFICATE ORDER FORM

REGISTER
VALIDATION SPOT

MAIL ORDER FORM TO:
GRANT COUNTY HEALTH DISTRICT
1038 W IVY AVE
MOSES LAKE, WA 98837

*NO REFUNDS WILL BE ISSUED IF RECORD CANNOT BE LOCATED OR
THE DOCUMENTATION YOU PROVIDE DID NOT PROVE YOU WERE
ELIGIBLE TO RECEIVE A BIRTH CERTIFICATE*

RECEIPT #: _____
DATE RECEIVED: _____
MAIL EXPEDITE
P/U PHA:

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO:			
	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"/> GREATGRANDPARENT	<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"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

All the following fields must be completed to process the order.

BIRTH RECORD DETAILS	CERTIFICATE HOLDER FIRST NAME(S):	CERTIFICATE HOLDER FULL MIDDLE NAME(S):	CERTIFICATE HOLDER LAST NAME(S):
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTRY OF BIRTH:
	PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
	PARENT/FATHER FIRST NAME(S):	PARENT/FATHER MIDDLE NAME(S):	PARENT/FATHER LAST NAME(S):

- ☐ I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee.
See instructions for more information.
- ☐ By signing this form, 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 SIGNED: (MM/DD/YYYY)

FEES:					FOR OFFICE USE ONLY:						
Total # of CERTIFIED certificates		X	\$25	=	ID VERIFIED BY:	JH	LD	AP	AD	IM	YD
						RM	DM				
Expedite (offered in office only)		X	\$10	=	CERTIFICATE #:	DATE ISSUED:					
					ISSUED BY:	JH	LD	AP	DM	IM	RM
SHIPPING:					PICK UP (must notify GCHD if applicant will not be the person picking up certificate/s):						
USPS Mail:			\$2	=	PRINTED NAME: DATE:						
TOTAL AMOUNT DUE:					SIGNATURE:						

To request this document in another format, call 1-800-525-0127.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov