

Vital Records
Northeast Tri County Health District
240 E Dominion Ave
Colville, WA 99114
(509) 684-2262

INSTRUCTIONS FOR BIRTH CERTIFICATE ORDER FORM



**MAKE CHECK/MONEY ORDER
PAYABLE TO: NETCHD
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: **NETCHD**
- Send the order form, all documents, and **nonrefundable** payment to:

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Vital Records
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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).

What is proof of eligibility documentation?

Documents that link the qualified applicant to the requested birth certificate. If you are not listed on the birth certificate, on the record, or your identity documentation doesn't link you to the record, you must provide additional documentation to prove eligibility.

What proof of eligibility documentation will NETCHD accept?

View the list of [Acceptable Proofs of Eligibility Documentation](#) for examples of how to prove qualifying relationship.

What identity documentation will NETCHD accept?

View the [Acceptable Proofs Of Identity Documentation](#) for a list of acceptable identity documents.

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
- Date of birth (month, day, year)
- City or county where the birth occurred
- First and last name of all parents listed on the record

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 not a qualified applicant and/or unable to meet the requirements, you may contact the DOH at 360-236-4300.

For more information about vital records, please visit the Washington State DOH website at <https://www.doh.wa.gov/vitalrecords>. To obtain information on vital records services available at the Northeast Tri County Health District Colville office, please visit the NETCHD website at <https://www.netchd.org>.

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CERTIFIED BIRTH CERTIFICATE MAIL-IN ORDER FORM



Number of Certified Copies at \$25 each _____

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):			
	ADDRESS:			
	CITY:	STATE:	ZIP CODE:	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

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

BIRTH RECORD DETAILS	FIRST NAME(S) ON CERTIFICATE:	FULL MIDDLE NAME(S) ON CERTIFICATE:	LAST NAME(S) ON CERTIFICATE:
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:
	MOTHER/PARENT FIRST NAME(S):	MOTHER/PARENT MIDDLE NAME(S):	MOTHER/PARENT <u>MAIDEN</u> LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
	FATHER/PARENT FIRST NAME(S):	FATHER/PARENT MIDDLE NAME(S):	FATHER/PARENT 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: _____

FOR OFFICE USE ONLY					
<input type="checkbox"/> Sold in Error	<input type="checkbox"/> Incomplete Application	<input type="checkbox"/> Not Qualified	<input type="checkbox"/> Other	<input type="checkbox"/> Parentage Pending	<input type="checkbox"/> Open Record
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:	
Receipt#:		Date Issued:		<input type="checkbox"/> Mailed <input type="checkbox"/> Other _____	