

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

Vital Records
Northeast Tri County Health District
240 E. Dominion Ave.
Colville, WA 99114

What form of payment is accepted?

We accept checks, money orders, and credit cards for requests mailed to Northeast Tri County Health District (NETCHD). Check/money order must be made payable to: **NETCHD**. Call 509-684-2262 for credit card payments.

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.

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 Washington 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 NETCHD accept to prove eligibility?

DOH and NETCHD 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 list of [Acceptable Proofs of Eligibility Documentation](#) for examples of how to prove qualifying relationship.

What identity documentation will DOH or NETCHD accept?

DOH and NETCHD 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 [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 unable to meet the requirements, you will need to 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>.

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

CERTIFIED BIRTH CERTIFICATE ORDER FORM



**MAKE CHECK/MONEY ORDER
 PAYABLE TO: NETCHD
 NO REFUNDS**

*** Total Number of Certified Copies Ordered _____ at \$25 Each = \$ _____

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):			
	MAILING ADDRESS SENDING CERTIFICATE(S) TO:			
	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"/> Counter Pickup <input type="checkbox"/> Other _____	