



Cowlitz County Health & Human Services Department

1952 9th Avenue
Longview, WA 98632
TEL (360) 414-5599
FAX (360) 425-7531

www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
Joe Gardner District 3

Birth/Death Informational Copies Order Form

Instructions

Carefully read these instructions before submitting a completed Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires that all applicants meet the minimum qualifications and provide proof of identity, eligibility documentation and other required information before purchasing a certified birth certificate.

What is a noncertified informational copy?

Noncertified informational copies of birth and death records are not issued on the certified paper with security features and cannot be used for legal purposes. It will contain a watermark stating "Cannot be used for legal purposes. Informational only."

Check with the agency or business about whether or not they will accept informational copies prior to purchasing a noncertified informational copy.

Informational copies of birth records contain the same information as a certified birth copy.

Informational copies of death records contain the same information as the certified short form death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of long form death and fetal death records are not available.

Step 1: Complete the enclosed Birth/Death Informational Copies Order Form.

Step 2: Submit the completed Birth/Death Informational Copies Order Form and your payment. We accept cash, check or money order and debit/credit. Make sure your check or money order is made payable to CCHD.

Important notes:	
Per Cowlitz County:	Per Washington State Department of Health:
<ul style="list-style-type: none"> • Debit or credit card payments have a minimum \$2.50 fee. • There will be a \$25 fee for all returned checks (Resolution No. 03-044). • Orders not picked up within 10 business days will be mailed (regular mail). • Incomplete or unreadable forms may delay the process. 	<ul style="list-style-type: none"> • No refunds will be given if a record could not be located.

For more information about vital records, visit our website: <https://www.co.cowlitz.wa.us/732/Birth-and-Death-Certificates>



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*Noncertified Informational Copies of Birth and Death records are **NOT** issued on certified paper and **CANNOT** be used for legal purposes.
 Copies will contain a watermark stating that it is for informational purposes only.
 The informational death copy **WILL NOT** display cause and manager of death or decedent's SSN.*

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):					
	ADDRESS:					
	CITY:		STATE:		ZIP CODE:	
	DAYTIME TELEPHONE NUMBER:			EMAIL ADDRESS:		
ORDER INFORMATION	_____ Requested number of <u>Informational Birth Record(s)</u> _____ Requested number of <u>Informational Death Record(s) – short form</u>			Per Washington State Department of Health: • No refunds will be given if a record could not be located.		\$25.00 PER CERTIFICATE MAKE CHECK OR MONEY ORDER PAYABLE TO CCHD
	<input type="checkbox"/> Pick up next business day after 2:00 PM with picture ID. Certificates will be sent regular mail if not picked up in 10 business days. <u>Picture ID will be required.</u> <input type="checkbox"/> I authorize _____ to pick up on my behalf. <u>Picture ID will be required.</u> <input type="checkbox"/> Send to the address provided above, regular mail.					
BIRTH RECORD DETAILS	FIRST NAME(S):		FULL MIDDLE NAME(S):		LAST NAME(S):	
	DATE OF BIRTH:		CITY OF BIRTH:		COUNTY OF BIRTH:	
	MOTHER/PARENT BIRTH FIRST NAME(S):		MOTHER/PARENT FULL MIDDLE NAME(S):		MOTHER/PARENT MAIDEN LAST NAME(S):	
	FATHER/PARENT FIRST BIRTH NAME(S):		FATHER/PARENT FULL MIDDLE NAME(S):		FATHER/PARENT MAIDEN LAST NAME(S):	
DEATH RECORD DETAILS	FIRST NAME(S):		FULL MIDDLE NAME(S):		LAST NAME(S):	
	APPROXIMATE DATE OF DEATH (MONTH & YEAR):			CITY OR COUNTY OF DEATH:		
	OTHER NAMES, IF KNOWN (EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):			SPOUSE(S), IF KNOWN:		
	DATE OF BIRTH, IF KNOWN:			PLACE OF BIRTH, IF KNOWN:		
FOR OFFICE USE ONLY						
Date Ordered:		Client #				
Total Payment Paid		Fast Track		Type of Payment		<input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check/Money Order
Type of Letter		<input type="checkbox"/> MD <input type="checkbox"/> NM <input type="checkbox"/> NQ <input type="checkbox"/> NR <input type="checkbox"/> IA	<input type="checkbox"/> SIE <input type="checkbox"/> MR	Letter Attached		
Date Released:		<input type="checkbox"/> Picked Up _____ <input type="checkbox"/> Mailed: _____			LF	
Customer Signature upon Receipt			Staff confirmed photo ID at pickup:			