



# 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](http://www.co.cowlitz.wa.us/hhs)

## Board of County Commissioners

Arne Mortensen                      District 1  
Dennis Weber                        District 2  
VACANT                                 District 3

## Certified Birth Certificate 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.

**Step 1:** Are you a qualified applicant? Qualified applicants are: self, spouse or domestic partner, child, parent, stepparent, stepchild, sibling, grandparent, grandchild, great grandparent, legal guardian, legal representative, authorized representative, government agency or the courts if the birth certificate is used for official duties.

**YES, I am a qualified applicant** → To prove you are a qualified applicant, you will need to provide documentation proving your qualifying relationship.

**NO, I am not a qualified applicant** → You are not eligible to purchase a certified birth certificate. Instead, you can purchase a non-certified informational birth certificate.

**Step 2:** Provide proof of identity. (View the list of [acceptable proofs of identity](#) or view the enclosed vital records document.)

- ONE government-issued identity document (must contain your photo, full name and date of birth) that is current or expired less than 60 days ago; **OR**
- AT LEAST TWO alternate documents from the alternate list if you do not have a government-issued identity document. The alternate documents must contain matching first and last names and addresses, or in combination must contain your full name, date of birth and photograph.

**Step 3:** Provide documents that connect you to the birth certificate. (View the list of [acceptable proofs of eligibility](#) or view the enclosed vital records document.)

- **Your proof is met** if you are listed on the birth certificate and picture ID sufficiently connects you to the certificate (i.e. self or parents).
- **You must provide additional documents** if you are not listed on the birth certificate or your documents do not sufficiently connect you to the birth certificate.

**Step 4:** Complete the enclosed Certified Birth Certificate Order Form.

**Step 5:** Submit the completed Certified Birth Certificate Order Form, documentation from Step 2 & Step 3 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: <ul style="list-style-type: none"> <li>• Debit or credit card payments have a minimum \$2.50 fee.</li> <li>• There will be a \$25 fee for all returned checks (Resolution No. 03-044).</li> <li>• Orders not picked up within 10 business days will be mailed (regular mail).</li> <li>• Incomplete or unreadable forms may delay the process.</li> </ul>	Per Washington State Department of Health: <ul style="list-style-type: none"> <li>• <b>No refunds</b> will be given if a record could not be located.</li> <li>• <b>No refunds</b> will be given if the documentation you provided did not prove you are eligible to purchase a certified birth certificate.</li> </ul>

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



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## Certified Birth Certificate Order Form

To obtain a certified birth certificate, you must select your relationship to the birth certificate holder, provide proof of identity, provide required documents linking you to the certificate holder and sign a sworn statement that you are authorized to purchase the certificate.

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"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

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>Certified Birth Certificate(s)</u>	Per Washington State Department of Health: <input type="checkbox"/> 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. Certificate(s) 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):

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).

APPLICANT SIGNATURE:	DATE SIGNED: (MM/DD/YY)
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### FOR OFFICE USE ONLY

Date Ordered:	Client #	Photo ID & eligibility document copies must be attached & kept.
Total Payment Paid	Fast Track	Photo ID Attached
Type of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check/Money Order _____	Eligibility Documents Attached
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
Certificate #		
Date Released:	<input type="checkbox"/> Picked Up _____ <input type="checkbox"/> Mailed: _____	LF
Customer Signature upon Receipt		Staff confirmed photo ID at pickup: