



# ISLAND COUNTY PUBLIC HEALTH

## Vital Statistics

1 NE 6th Street Coupeville, WA 98239  
360-679-7350

### Washington State Certified Birth Certificate Application (In person only)

For a mailed Certified Birth Certificate, go to [WWW.Vitalchek.com](http://WWW.Vitalchek.com)

#### Applicant Information

|               |                |           |  |
|---------------|----------------|-----------|--|
| Name:         |                |           |  |
| Address:      |                |           |  |
| City:         | State:         | Zip Code: |  |
| Phone 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. You must provide qualifying proof of identity and proof of eligibility documentation.

|                     |                                 |  |  |   |
|---------------------|---------------------------------|--|--|---|
| Select Relationship | <input type="checkbox"/> Self   | <input type="checkbox"/> Spouse/Domestic Partner   | <input type="checkbox"/> Sibling           | <input type="checkbox"/> Greatgrandparent     |
|                     | <input type="checkbox"/> Parent | <input type="checkbox"/> Stepparent                | <input type="checkbox"/> Grandparent       | <input type="checkbox"/> Legal Guardian       |
|                     | <input type="checkbox"/> Child  | <input type="checkbox"/> Stepchild                 | <input type="checkbox"/> Grandchild        | <input type="checkbox"/> Legal Representative |
|                     | <input type="checkbox"/> Courts | <input type="checkbox"/> Authorized Representative | <input type="checkbox"/> Government Agency |   |

#### Birth Record Information

|                       |                           |                  |
|-----------------------|---------------------------|------------------|
| First Name:           | Middle Name:              | Last Name:       |
| Date of Birth:        | City of Birth:            | County of Birth: |
| Mother First Name(s): | Mother Middle Name(s):    |                  |
| Mother Last Name(s):  | (Prior to first marriage) |                  |
| Father First Name(s): | Father Middle Name(s):    |                  |
| Father 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: |
|----------------------|--------------|

|                                      |  |                                |            |
|--------------------------------------|--|--------------------------------|------------|
| <b>Fees: (please complete below)</b> | <b>If paying by Check for Money Order, please make payable to ICPH</b> |                                |            |
| Number of Certificates requested:    | Fee for each certificate:<br>\$25.00                                   | Processing Fee:<br>\$5.00 each | Total Due: |

#### For Office Use Only

|            |  |                |           |
|------------|--|----------------|-----------|
| Date Stamp | Approved type of Identification used to obtain certified copy(ies) of Birth Certificate:   |                |           |
|            | <input type="checkbox"/> Valid Drivers License/ID <input type="checkbox"/> Valid Passport <input type="checkbox"/> Legal Documentation <input type="checkbox"/> Other                              |                |           |
|            | <input type="checkbox"/> If two alternative documents are received, list the two below (must have matching first and last names and address, or in combination full name, date of birth and photo: |                |           |
|            |  |                |           |
|            | Receipt Number:  | Date Received: | Initials: |
|            | Date order filled:   | Initials:      |           |