

# Birth Certificate Order Form

Quantity: \_\_\_\_\_ Certified copies @ \$20.00 each = \$ \_\_\_\_\_  
If mailed, add \$2.00 handling fee \$ \_\_\_\_\_  
Total Amount \$ \_\_\_\_\_

**SNOHOMISH HEALTH DISTRICT**  
**VITAL STATISTICS, SUITE 102**  
**3020 RUCKER AVE**  
**EVERETT WA 98201**  
**425-339-5290**

Payment: Cash, check/money order, credit or debit card

**(If paying by check, make check payable to "SHD" or "Snohomish Health District")**

## BIRTH INFORMATION:

Name on record: \_\_\_\_\_  
(first) (full middle name) (last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ City of birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(first) (last)

Mother's Name: \_\_\_\_\_  
(first) (maiden name)

## REQUESTED BY:

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**



**SNOHOMISH**  
HEALTH DISTRICT

(Rev 2-29-2012)