



VITAL STATISTICS
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APPLICATION FOR CERTIFIED COPIES OF BIRTH CERTIFICATES

This application is to be used for births that occurred in **WASHINGTON STATE ONLY** from July 1, 1907 to present. We accept cash, check, money orders, and Visa, MasterCard, or Discover credit and debit card payments. **Each certified copy is \$20.00.**

If paying by credit card, you may choose to mail this application to us or fax it to the confidential fax number listed above along with your credit card information. Otherwise, we will call you upon receiving this application and obtain your credit card information via the telephone. Once we receive your request and payment, we will mail your certificates to you.

PLEASE PRINT

Number of copies _____ **\$20.00 PER CERTIFIED COPY**

Birth Name _____
(FIRST) (FULL MIDDLE) (LAST)

Birth Date ____/____/____ **Place of Birth** _____
(CITY) (HOSPITAL)

Father _____
(FIRST) (FULL MIDDLE) (LAST)

Mother _____
(FIRST) (FULL MIDDLE) (MAIDEN LAST NAME)

Requested By: Your Name _____ Phone # _____

Mailing Address _____
(CITY) (STATE) (ZIP CODE)

Requestor's Signature _____ Date of Request ____/____/____

Only if faxing or mailing this application and paying with credit card, please complete the following:

Credit Card # _____ Expiration Date _____

3 digit Security Code (on back of card) _____ Billing Zip Code _____

FOR STAFF USE ONLY

Receipt # _____ CC Cash Check # _____ Amount Paid \$ _____

Date received _____ Date picked up _____ Date Mailed _____ Med Manager _____

When Pending Record Available: Call Client or Mail Certificate(s) to Client Cash Tax _____