

## Birth Certificate Application

ORDER ONLINE: <https://www.tpchd.org/certificates.php>

Type of Order:  Counter (in person)  Mail-In

**PLEASE PRINT CLEARLY – Required Information WAC 246-490-055**

FULL Name on Record-- (first, middle, last):

Date of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Age Now \_\_\_\_\_

Father/Parent Full Birth Name: \_\_\_\_\_

Mother/Parent Full Birth Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Signature & Relationship: \_\_\_\_\_

**REQUESTOR INFORMATION (Required)**

Name of Requestor: \_\_\_\_\_

Number & Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Credit Card Information** (address where your bill/statement is received)  
 Credit card handling fee = **Additional \$1 per each Certificate**

Name of Card Holder: \_\_\_\_\_

Billing Address of Card Holder: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Visa/MC #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Security Code \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Billing Address must match with above or order will be returned  
**Please complete your Mail Label legibly**

**This is your MAIL LABEL – Please print CLEARLY**

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

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

| Make Money Orders Payable to: VITAL RECORDS |                 |          |        |
|---|-----------------|----------|--------|
| NO PERSONAL CHECKS                          |                 | QUANTITY | TOTALS |
| Birth Certificates                          | \$20 ea         |          |        |
| <b>* White Copy</b>                         | \$20 ea         |          |        |
| *Mail Out Fee                               | \$2             |          |        |
| **Federal Express                           | \$20            |          |        |
| ***Credit Card Fee                          | \$1/certificate |          |        |
| Priority Mail                               | \$7             |          |        |
| Regular Mail                                | Free            |          |        |

Grand Total: \_\_\_\_\_

\* \$2 **Mandatory** Mail Fee per record – for mail-outs only – in case order is lost in the mail, we will replace it after 30 days from the issue date. You must contact us within 90 days from the order date. Additional fee for more than 4 certificates per record being mailed (ie. 1-4 = \$2; 5-8 = \$4; 9-12 = \$6, etc.

\*\* Overnight delivery – If received prior to 1pm, order will be delivered the next business day; additional fee for delivery outside continental US.

\*\*\* If paying by credit card (**web orders excluded**) there is a service fee of \$1 for each certificate.

VA Request # \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Total Amount: \_\_\_\_\_ CC Ref #: \_\_\_\_\_

PAID: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Method of Payment  
 Cash  MO/Cashier's Check  Credit Card

**ACTION**

Date: \_\_\_\_\_  Picked Up

Mailed  Folder

SASE  SAE

**FAX/Email Information**

Our FAX Number: **(253) 798-6560** Your FAX/Email: \_\_\_\_\_

**\* Note: FAXED/Emailed certificates are of no legal value. If you are requesting a FAXED or Emailed copy, the fee is the same as a certified copy (\$20 per copy) and you must purchase a certified copy at the same time**