

Birth Certificate Application

ORDER ONLINE: <https://forms.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		
* White Copy	\$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**