

FOR OFFICE USE ONLY

TODAY'S DATE _____

CASH AMOUNT _____

CHECK # _____ AMOUNT _____

CHARGE AUTH # _____ AMOUNT _____

For Office Use Only
Pick Up/Mailed _____



**PUBLIC HEALTH AND
SOCIAL SERVICES DEPARTMENT**
Vital Records
412 Lilly Road NE
Olympia, WA 98506-5132
(360) 867-2618 Fax: (360) 867-2600

APPLICATION FOR BIRTH CERTIFICATE

1. PLEASE FILL OUT THE INFORMATION LISTED BELOW:

FULL NAME AT BIRTH _____

DATE OF BIRTH _____ (month, day, year)

CITY OR COUNTY OF BIRTH _____
(WASHINGTON STATE ONLY)

MOTHER'S FULL MAIDEN NAME _____

FATHER'S FULL NAME _____

2. ENCLOSE \$20.00 FOR EACH CERTIFICATE ORDERED OR BRING THIS APPLICATION TO THE THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPT.

a. How many certificates do you want _____ X \$20.00 = \$ _____

3. PLEASE FILL OUT THIS SECTION FOR PICK-UP OR MAILING:

a. Name _____

b. Address _____

c. City _____ State _____ Zip _____

d. Phone number _____

4. Certificate to be: PICKED UP OR MAILED

PAYMENT METHOD: Check One (X)

Amount Paid \$ _____ Check # _____ (Payable To: TCHD) Visa MasterCard

Card Number _____ / _____ / _____ / _____

Expiration Date ____ / ____

Cardholder name & address (if different than above) _____

**Applications can be mailed or delivered to:
Thurston County Public Health and Social Services – ATTN: Vital Records
412 Lilly Road NE; Olympia, WA 98506-5132
OR**

Faxed to: (360) 867-2600

To print a copy of this application, visit us our website at: <http://www.co.thurston.wa.us/health/admin/vitals/index.html>