



Instructions for Birth/Death Informational Copies Order Form

Carefully read these instructions before completing and submitting the Birth/Death Informational Copies Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires applicants to provide required information to order noncertified informational copies of birth and death records.

Checklist for completing the Birth/Death Informational Copies Order Form:

- Complete all fields on the informational copies form
- Payment: if check/money order make payable to TCHD

What is a noncertified informational copy?

Noncertified informational copies of birth and death records are not issued on the certified paper with security features and cannot be used for legal purposes. It will contain a watermark stating "Cannot be used for legal purposes. Informational only."

Check with the agency or business about whether or not they will accept informational copies prior to purchasing a noncertified informational copy.

Informational copies of birth records contain the same information as a certified birth copy.

Informational copies of death records contain the same information as the certified death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of fetal death records are not available.

What information is required for noncertified informational copy of birth records?

The following information is required as it appears on the birth record:

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of birth (mm/dd/yyyy)
- City or county where the birth occurred

What information is required for noncertified informational copy of death records?

The following information is required as it appears on the death record:

- First and last name of the decedent
- Exact date of death (mm/dd/yyyy) or approximate date of death (mm/yyyy)
- City or county where the death occurred



BIRTH/DEATH INFORMATIONAL COPY ORDER FORM

Public Health & Social Services
Vital Records
412 Lilly Rd NE
Olympia, WA 98506

APPLICANT INFORMATION	NAME OF PERSON ORDERING CERTIFICATE(S):		
	MAILING ADDRESS:		
	CITY:	STATE:	ZIP CODE:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:	

NONCERTIFIED INFORMATIONAL COPIES OF BIRTH AND DEATH RECORDS ARE NOT ISSUED ON CERTIFIED PAPER AND CANNOT BE USED FOR LEGAL PURPOSES. COPIES WILL CONTAIN A WATERMARK STATING THAT IT IS FOR INFORMATIONAL PURPOSES ONLY. THE INFORMATIONAL DEATH COPY WILL NOT DISPLAY CAUSE AND MANNER OF DEATH OR DECEDENT'S SSN.

BIRTH RECORD DETAILS	FIRST NAME AT BIRTH:	FULL MIDDLE NAME AT BIRTH:	LAST NAME AT BIRTH:
	DATE OF BIRTH (mm/dd/yyyy):	CITY OF BIRTH:	COUNTY OF BIRTH:
	MOTHER/PARENT FIRST NAME:	MOTHER/PARENT MIDDLE NAME:	MOTHER/PARENT MAIDEN LAST NAME:
	FATHER/PARENT FIRST NAME:	FATHER/PARENT MIDDLE NAME:	FATHER/PARENT LAST NAME:

TOTAL NUMBER OF BIRTH INFORMATIONAL COPIES ORDERING: []

DEATH RECORD DETAILS	FIRST NAME OF DECEASED:	FULL MIDDLE NAME OF DECEASED:	LAST NAME OF DECEASED:
	APPROXIMATE DATE OF DEATH: (MONTH & YEAR)	CITY OR COUNTY OF DEATH:	
	OTHER NAMES, IF KNOWN (EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):	SPOUSE(S), IF KNOWN:	
	DATE OF BIRTH, IF KNOWN:	PLACE OF BIRTH, IF KNOWN:	

TOTAL NUMBER OF DEATH INFORMATIONAL COPIES ORDERING: []

FEE: Enter the quantity				
Total number of INFORMATIONAL copies	x	\$25.00	=	

Make check/money order payable to: TCHD				
Check/Money Order Number:		Check/Money Order Amount:		
Cash Amount:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> Amex
Card Number:				
Expiration Date:		CVV Number:		
**Fee for all credit/debit card transactions - \$2.00 or 2.35% (whichever is greater)				

Applications may be submitted by:

Mail or in-person to:
Thurston County Public Health & Social Services
412 Lilly Road NE, Olympia WA 98506
Attn: Vital Records

Email: vital_records@co.thurston.wa.us

OFFICE USE ONLY		
Authorization #		
Today's Date: _____	<input type="checkbox"/> In-person	<input type="checkbox"/> Mailed