REGISTER VALIDATION SPOT

SKAMANIA COUNTY COMMUNITY HEALTH

BIRTH CERTIFICATE

REQUEST FORM

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| **APPLICANT INFORMATION** | **NAM E OF P ER SON/C OMPANY OR D ER I NG CER TI F I CATE (S):** |
| **AD D R ESS ͗** |
| **CI TY:** | **STATE:** | **ZI P COD E:** | **COUNT R Y:** |
| **D AYT I M E T EL EPH ONE NUM B ER :** | **EM AI L AD D R ESS:** |

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| **To receive a birth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to****receive the certificate.** |
| **SELECT RELATIONSHIP:** | ☐ SELF | ☐ PARENT | ☐ SIBLING | ☐ GREATGRANDPARENT | ☐ AUTHORIZED REPRESENTATIVE |
| ☐ SPOUSE/DOMESTIC PARTNER | ☐ STEPPARENT | ☐ GRANDPARENT | ☐ LEGAL GUARDIAN | ☐ GOVERNMENT AGENCY |
| ☐ CHILD | ☐ STEPCHILD | ☐ GRANDCHILD | ☐ LEGAL REPRESENTATIVE | ☐ COURTS |

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| **All the following fields must be completed to process the order.** |
| **BIRTH RECORD DETAILS** | CER TIFICA TE HOLDER FIR ST NAME(S ) : | CER TIFICA TE HOLDER FU LL M IDDLE NA M E( S) : | CER TI F I CATE HOLDER LAS T NAME(S ):  |
| DA TE OF B I R TH: | CI TY OF B I R TH: | COUN TY OF B IR TH: | COUN TR Y OF B I R TH: |
| PA R ENT/M O THER FIR ST NAME(S ) : | PAR ENT/MO THER MI DDLE NAME(S ):  | PAR ENT/MO THER LAS T NAME(S ): ( *PRIOR TO F I R ST MAR RI AGE)* |
| PA R ENT/FA TH ER FIR ST NAME(S ): | PAR ENT/F ATH ER MI DDLE NAME(S ):  | PAR ENT/F ATH ER LAS T NAME(S ):  |

☐ **I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee.**

**See instructions for more information.**

☐ **By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross**

**misdemeanor under Washington law, RCW 70.58A.590(2).**

**SIGNATURE (APPLICANT) DATE SIGNED: (MM/DD/YYYY)**

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| **F EES:** ( *Check the box to s elect order ty pe then enter the quantity. )* |
| ☐ To tal number o f **CER T I FI ED** c ertific ates |  | x | $25 | = |  |

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| **FOR STAFF USE ONLY** |
| Payment type received? | Cash |  | Payment posted in Square? |  |
| Card |  | Payment posted in Credible? |  |
| Check |  | Update Spreadsheet |  |