



## BIRTH / DEATH INFORMATIONAL COPIES ORDER FORM

*Mail or FAX completed application to: Vital Statistics, Skagit County Public Health, 700 S. 2<sup>nd</sup> Street, Suite 301, Mount Vernon, WA, 98273. Include check or money order payment or put phone number if paying by credit or debit card and we will call you for the number. Do Not Send CASH. Fax: 360-416-1501.*

|                              |   |                |           |          |
|------------------------------|---|----------------|-----------|----------|
| <b>APPLICANT INFORMATION</b> | NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S): |                |           |          |
|                              | MAILING ADDRESS:                                |                |           |          |
|                              | CITY:   | STATE:         | ZIP CODE: | COUNTRY: |
|                              | 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 SOCIAL SECURITY NUMBER.**

|                             |                                 |                      |                  |
|-----------------------------|---------------------------------|----------------------|------------------|
| <b>BIRTH RECORD DETAILS</b> | FIRST NAME:                     | FULL MIDDLE NAME(S): | LAST NAME(S):    |
|                             | DATE OF BIRTH:                  | CITY OF BIRTH:       | COUNTY OF BIRTH: |
|                             | MOTHER/PARENT BIRTH FIRST NAME: | FULL MIDDLE NAME(S): | LAST NAME(S):    |
|                             | FATHER/PARENT BIRTH FIRST NAME: | FULL MIDDLE NAME(S): | LAST NAME(S):    |

**Each Copy \$25.00    Total Birth Informational Copies Ordering : \_\_\_\_\_    Total Amount: \$ \_\_\_\_\_**

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

**Each Copy \$25.00    Total Death Informational Copies Ordering : \_\_\_\_\_    Total Amount: \$ \_\_\_\_\_**

| FOR OFFICE USE ONLY                         |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> No Match/No Record | <input type="checkbox"/> Parentage Pending  | <input type="checkbox"/> Sold in Error           | <input type="checkbox"/> Minor Difference       |
| <input type="checkbox"/> Mail Returned      | <input type="checkbox"/> Pending Cause of Death   | <input type="checkbox"/> Not Qualified Applicant | <input type="checkbox"/> Incomplete Application |
| DATE CALLED:<br>INITIALS:                   | DATE EMAILED:<br>INITIALS:  | DATE EMAILED:<br>INITIALS:                       |   |
| RECEIPT#                                    | <input type="checkbox"/> CC <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____ | AMOUNT PAID \$ _____                             |   |
| DATE RECEIVED:                              | DATE MAILED:<br>DATE PICKED UP:   | Cash Tax:  |   |
| Credit Card#                                | Expiration Date:  | Billing Zip Code:                                |   |

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov)



## 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
- Check or money order made payable to DOH
- Send the order form and payment to:

Vital Statistics  
Skagit County Public Health  
700 S. 2<sup>nd</sup> Street, #301  
Mount Vernon, WA 98273

### 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 short form death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of long form death, fetal death, marriage, or divorce 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 (month, date, year)
- 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
- Approximate date of death (month and year)
- City or county where the death occurred

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**What address do I put on the order form?**

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put “in care of” before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

**What form of payment is accepted?**

We accept checks, credit cards, debit cards and money orders for requests mailed to SCPH. Make sure your check or money order is made payable to SCPH. For payment by credit or debit card, put your phone number on the application and staff will call you for payment information. Do not send CASH.

For more information about vital records, please visit our website at <https://www.skagitcounty.net/Departments/HealthVitalStatistics>

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