



Asotin County Health District

102 1<sup>st</sup> Street / PO Box Asotin, WA 99402

Phone: 509.243.3344 FAX: 509.243.3345

## Application for Certified Birth Certificate

Date of Request: \_\_\_\_\_

Name on Record (First/Middle/Last):  
\_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Have you received a copy before?      Yes    No

Was this person adopted?              Yes    No

Place of Birth \_\_\_\_\_

Father's Full Name (First/Middle/Last):  
\_\_\_\_\_

Mother's Full Maiden Name (First/Middle/Last):  
\_\_\_\_\_

### **Person Requesting**

Full Name (print) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street/Po Box # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Quantity of certificates \_\_\_\_\_ X \$20.00 = \$ \_\_\_\_\_

**How would you like to receive the birth certificate(s)**

Mail: \_\_\_\_\_ Pick-up: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Internal use only:

Certificate # \_\_\_\_\_