



ASOTIN COUNTY HEALTH DISTRICT

102 FIRST STREET PO BOX 306

ASOTIN, WASHINGTON 99402

PHONE (509) 243-3344

Birth Certificate Request

Date of Request _____

Person Requesting Info _____

Address _____

Phone Number _____

Have you received a copy before? Yes No

Was this person adopted? Yes No

Number of Certified Copies Requested _____@\$20 each

Name on Record (First/Middle/Last) _____

Date of Birth (MM/DD/YYYY) _____

Place of Birth (City or County) _____

Father's Full Name (First/Middle/Last) _____

Mother's Full Maiden Name (First/Middle/Last) _____

Address you want birth certificate mailed to:

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

Mail _____ Pick-up _____ Received by: _____

Date Received: _____