



1234 2nd Ave South
Okanogan, WA 98840
(509) 422-7140

Instructions for Birth Certificate Order Form

Carefully read these instructions before completing and submitting the Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a birth certificate.

Checklist for completing the Birth Certificate Order Form:

- Complete all fields on the birth certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- Check or money order made payable to OCPHD (certificate purchases are **non-refundable**)

Send the order form, all documents, and payment to:

Okanogan County Public Health District (OCPHD)
1234 2nd Ave South
Okanogan, WA 98840

If submitting the order form with a correction request, send all documents and payment to:

Center for Health Statistics
Attn: Corrections
PO Box 47814
Olympia, WA 98504-7814

What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for a birth certificate?

Qualified applicants for a birth certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, or Government Agency or the Courts (only for official duties).

Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

**** If you are not one of the listed above, STOP. You will not receive a WA State birth certificate ****

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested birth certificate.

1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. self or parents), your proof of eligibility requirement is met.
2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

What documents will the Okanogan County Public Health District (OCPHD) accept to prove eligibility?

OCPHD will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal guardian)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

View the Proof of Eligibility (PDF) for examples of how to prove qualifying relationship at

<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//422-178-AcceptableProofsOfEligibilityDocument.pdf>

(Revisado en octubre de 2022)



What identity documentation will the Okanogan County Public Health District (OCPHD) accept?

OCPHD will accept a copy of:

- One government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then at least two alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of **Acceptable Identity documentation (PDF)** at

<https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//422-177-AcceptableProofsOfIdentityDocuments.pdf> (Revised August 2021)

What information is required?

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

- 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 if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you are unable to provide the required documentation or information.

What is an Heirloom birth certificate?

The Heirloom birth certificate is a birth certificate signed by the Governor and the State Registrar. For more information on Heirlooms, please visit Ordering a Birth Record: Washington State Department of Health at

<https://doh.wa.gov/licenses-permits-and-certificates/vital-records/ordering-vital-record/birth-record#heading58289>

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, money orders for requests mailed to OCPHD. Make sure your check or money order is made payable to OCPHD.
- We accept credit card payments in-person or in the OCPHD office only. Please be aware there is a credit card processing vendor fee per transaction. If you would like to order certificates online, please visit our online vital records portal at <https://okanoganwavitals.permitium.com/rod>
- Please do not mail cash with a mailed application.

Important note: No refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a birth certificate.

For more information about vital records, please visit the WA DOH website at <https://www.doh.wa.gov/vitalrecords>

MAIL ORDERS TO:
 Okanogan County Public Health District
 (OCPHD)
 1234 2nd Ave South
 Okanogan, WA 98840



BIRTH CERTIFICATE ORDER FORM

**MAKE CHECKS or
MONEY ORDERS PAYABLE TO:**
OCPHD
NO REFUNDS

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO:			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:		EMAIL ADDRESS:	

To receive a death 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:	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

All the following fields must be completed to process the order.

BIRTH RECORD DETAILS	CERTIFICATE HOLDER FIRST NAME(S):		CERTIFICATE HOLDER FULL MIDDLE NAME(S):		CERTIFICATE HOLDER LAST NAME(S):	
	DATE OF BIRTH:		CITY OF BIRTH:	COUNTY OF BIRTH:	COUNTRY OF BIRTH:	
	PARENT/MOTHER FIRST NAME(S):		PARENT/MOTHER MIDDLE NAME(S):		PARENT/MOTHER MAIDEN NAME:	
	PARENT/FATHER FIRST NAME(S):		PARENT/FATHER MIDDLE NAME(S):		PARENT/FATHER LAST 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)

CERTIFICATE FORMAT:			
Number of Certified certificates		X \$25 =	
DOCUMENT PROCESSING / HANDLING:			
\$2.00 per Order		\$ 2 =	\$2.00
AMOUNT DUE		=	\$
<i>(ADD the Certificate Format + Document Processing/Handling)</i>			
CREDIT CARD PROCESSING:			
Credit card vendor processing: <input type="checkbox"/> In-Person <input type="checkbox"/> Online		=	
TOTAL PAYMENT		>>>	\$
<i>(ADD Amount Due + Credit Card Processing fees, if applicable)</i>			

For OCPHD Office Use ONLY

Date Received: _____

Fee Paid: _____

Payment Type: \$\$ /MO CC

Receipt #: _____

Rcvd: ONLINE WALK-IN MAIL

Delivery: PICK-UP POSTAL MAIL