Okanogan County Public Health
Birth Certificate Application

$20.00 Per Copy **Quantity:** _____ **Receipt #:** _____ **Date:** ____/____/____

NAME ON RECORD: _____
First **Middle** **Last**

DATE OF BIRTH: _____
Month **Day** **Year**

PLACE OF BIRTH: _____
City **County** **Hospital**

FATHER'S FULL NAME: _____
First **Middle** **Last**

MOTHER'S FULL
MAIDEN NAME: _____
First **Middle** **Last**

Requestor's Name & address (required):

Name: _____ **Phone #:** ( ) _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code** _____

Send Check or Money Order To: **Okanogan County Public Health**
P.O. Box 231
Okanogan, WA 98840
(509) 422-7140

In the event no record is found there will be an $8.00 search fee as per RCW 70.58.107. A $12.00 refund is available upon written request if no record is found.

Please allow 2 weeks, or more for newborn babies.

This service is available only to individuals born in Washington State from 1921 to present.

FOR OFFICE USE ONLY

When available should we: ☐ **Mail** ☐ **Call** **Date Mailed - Issued** _____

Received by:
Mail ☐ **Walk-in** ☐ **Certificate #:** _____
Staff Initials: _____

Comments: