Local File #_____
(For Office Use Only)

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

FEE $20.00 EACH

NUMBER OF COPIES REQUESTED_____

PLEASE PRINT

FULL BIRTH NAME_____
First Middle Last

PLACE OF BIRTH_____ **WASHINGTON STATE ONLY**
Name of nearest town **1921 to PRESENT**

DATE OF BIRTH_____
Month Day Year

FATHER'S NAME_____
First Middle Last

MOTHER'S **MAIDEN** NAME_____
First Middle Last (**MAIDEN**)

PERSON FILLING OUT FORM: (REQUESTOR'S NAME AND ADDRESS REQUIRED)

NAME_____ PHONE_____

ADDRESS_____

CITY_____ STATE_____ ZIP CODE_____

IN PERSON: • Payable By Cash Or Check To: **Vital Records**

BY MAIL SEND: √ Check Or Money Order **AND** √ A Self-Addressed Stamped Envelope To:

Vital Records
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225-4005

WARNING: **False application for a birth certificate is a punishable offense. For the protection of the individual, certificates of vital events are NOT open to public inspection.**