MAIL ORDERS TO:

Vital Records Whatcom County Health Department 509 Girard St Bellingham, WA 98225

Instructions for Birth/Death Informational Copies Order Form



MAKE CHECKS & MONEY ORDERS
PAYABLE TO: WCHD
** ABSOLUTELY NO REFUNDS **

Carefully read these instructions before completing and submitting the Birth/Death Informational Copies Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires applicants to provide required information to order noncertified informational copies of birth and death records.

Checklist for completing the Birth/Death Informational Copies Order Form:

Complete all fields on the informational copies form
Check or money order made payable to Vital Records
Send the order form and payment to:
Vital Records
Whatcom County Health Department
509 Girard Street
Bellingham, WA 98225

What is a noncertified informational copy?

Noncertified informational copies of birth and death records are not issued on the certified paper with security features and cannot be used for legal purposes. It will contain a watermark stating "Cannot be used for legal purposes. Informational only."

Check with the agency or business about whether or not they will accept informational copies prior to purchasing a noncertified informational copy.

Informational copies of birth records contain the same information as a certified birth copy.

Informational copies of death records contain the same information as the certified short form death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of long form death, fetal death, marriage, or divorce records are not available.

What information is required for noncertified informational copy of birth records?

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

- 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 information is required for noncertified informational copy of death records?

The following information is required as it appears on the death record:

- First and last name of the decedent
- Approximate date of death (month and year)
- · City or county where the death occurred

Whatcom County Health Department, 509 Girard Street, Bellingham, WA 98225 Phone: (360) 778-6003

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

Example: John Doe

C/O Jane Doe

101 Main St

Bellingham, WA 98225

If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept checks, and money orders for requests mailed to Vital Records - Whatcom County Health Department. Make sure your check or money order is made payable to Vital Records.

** Do not send CASH **

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 our website at:

https://www.whatcomcounty.us/3311/Order-a-Birth-or-Death-Certificate

MAIL ORDERS TO:

Method of Certificate delivery:

☐ Mailed

Vital Records Whatcom County Health Department 509 Girard St Bellingham, WA 98225

BIRTH/DEATH INFORMATIONAL COPIES ORDER FORM



MAKE CHECKS & MONEY ORDERS PAYABLE TO: WCHD ** ABSOLUTELY NO REFUNDS **

• Ma	il or bring in pe	erson to	o the Health	Departr	ment at the al	pove address	s. Inc	clude check	or money	/ order pa	yme	ent.	
• If you have questions, please call 360-778-6003.							Total Number of Informational Birth Copies			\$25.00	=		
							Total N	Number of national Death (\$25.00	=		
<u> </u>								Amount Due	Lopies		=		
	Name of person/C			\ 			1						
NOI													
APPLICANT INFORMATION	Mailing Address:												
NFO													
ITN	City:				State:	Zip Code:			Country:				
PLIC	Daytime Telephon	ne Numbe	er:			Email Address	s:						
API	, .												
	NCERTIFIED INFO FOR LEGAL PURI INFORN	POSES.	COPIES WILL	CONTAIN		K STATING TH	HAT I	T IS FOR INFO	ORMATION	IAL PURPOS	SES (
BIRTH RECORD DETAILS	First Name:			Full Middle Name(s):				Last Name(s):					
	Date of Birth:				City of Birth:			ounty of Birth:		Country of Birth:			
	Mother/Parent Birth First Name(s):					Full Middle Name(s):			Last N	ast Name(s):			
BIRTH	Father/Parent Birth First Name(s):					Full Middle Name(s):			Last N	Last Name(s):			
EATH RECORD DETAILS	First Name: Full Middl				dle Name(s):			Last Name(s):					
	Date of Death (If unknown, Approximate Month & Year – 5 year range):							City or County of Death:					
H RECOI	Other names, if known, (example – Maiden name, Married Names, Parent's names, etc):						:	Spouse(s), if known:					
DEAT	Date of Birth, if known:							Place of Birth, if known:					
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).													
Signatu	re (Applicant):								Date:				
					FOR OFFICE	E USE ONLY	<u>/</u>						
□ No Match □ No Record				☐ Sold in Error			☐ Minor Difference						
☐ Mail Returned ☐ Pending completion in EC Correspondence: Date: Initials:			Notes:	□ Not Qualified □ Incomplete Applica				te Application)				
	□Letter □Email		Notes.										
Correspondence: Date: Initials: □Call □Letter □Email				Notes:									
Other													
Date Issued Issued by:													

☐ Other

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