

Jefferson County Public Health

360-385-9400

Birth Certificate Application



Washington State Certified Birth Certificates for **births occurring 1907 to present** are available from Jefferson County Public Health, 615 Sheridan, Port Townsend, WA. For information call (360) 385-9400.

The cost is \$25.00 per certified copy payable by cash, check, money order or credit card.

Please note: An application must be completed and fee paid prior to issuance of a certificate. They may be picked up the following business day or mailed to you upon request. Local health departments are authorized to access, print out and certify birth certificates through the Inter-Governmental Network, but only the Center for Health Statistics in Olympia is authorized to make any corrections on the certificates. See the back of the certificate for this procedure. For new births, please allow 4-6 weeks after the birth of the child before applying for a birth certificate to allow sufficient time for the record to be entered into the state birth system.

Include payment for the fee of \$25.00 for each copy requested.

Make check payable to JCPH

**Mail or deliver with fee to:
Jefferson County Public Health
615 Sheridan Street
Port Townsend, WA 98368**

Today's Date: _____

Name of Person/Company Ordering Certificate(s): _____

Address of Sending Certificate(s) to: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Daytime Telephone Number: _____ Email Address: _____

*To receive a birth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate. Please refer to the list of acceptable documentation required and **attach a copy of the documentation to this application. Also, include copy of your photo ID.***

- | | | | | |
|--|--------------------------------------|--|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Step Parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Legal Representative | <input type="checkbox"/> Courts |
| <input type="checkbox"/> Child | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Authorized Representative | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Sibling | <input type="checkbox"/> Great Grandparent | | |
| <input type="checkbox"/> Spouse/Domestic Partner | | <input type="checkbox"/> Government Agency | | |

Certificate Holder Name on Record: _____
First Middle Last

Date of Birth: _____
Month Day Year (1907 to present)

Place of Birth: _____
State (WA State Only) City County Hospital

Parent/Father's Full Name: _____
First Middle Last

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

Quantity: _____ Please check one: _____ I will pick up (or) _____ Please mail to me (include \$4.00 for postage and handling fee)

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)

Revised: June 2021