

GRANT COUNTY HEALTH DISTRICT BIRTH CERTIFICATE APPLICATION

\$20.00 a copy

of copies requested _____

\$2.00 mailing fee

NAME ON RECORD: _____

FIRST MIDDLE LAST

DATE OF BIRTH: _____

MONTH DAY YEAR

PLACE OF BIRTH: _____

CITY COUNTY HOSPITAL

FATHER'S NAME: _____

FIRST MIDDLE LAST

MOTHER'S FULL

MAIDEN NAME: _____

FIRST MIDDLE LAST

Requestor's Name and Address (required):

Name: _____ Phone# : _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Delayed Certificates cannot be issued locally.

ACCEPTABLE FORMS OF PAYMENTS ARE:

CASH IN PERSON – CHECKS ARE NOT ACCEPTED

MONEY ORDER

CALL THE OFFICE LISTED BELOW IF USING A CREDIT CARD

**Grant County Health District
1038 W. IVY ST. - Moses Lake, WA 98837
(509) 766-7960**

**THIS SERVICE IS CURRENTLY AVAILABLE ONLY TO INDIVIDUALS
BORN IN WASHINGTON 1921 TO PRESENT.**

Date:

P/U by:

Date received _____ By: _____ Date Issued _____ Mail ___ PU ___ FEXED ___

Amount received _____ Time received _____ MO _____ CASH _____ Receipt # _____

Credit Card #: _____ Exp. Date: _____ Name on Card _____

Certificate # _____ Issued by VR ___ AG ___ PA ___ KE ___ DM