

GRANT COUNTY HEALTH DISTRICT BIRTH CERTIFICATE APPLICATION

\$20.00 # of copies requested _____

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:** _____

ACCEPTABLE FORMS OF PAYMENTS ARE:

**CASH IN PERSON – CHECKS ARE NOT ACCEPTED
MONEY ORDER
CALL THE NUMBER 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 1924 TO PRESENT.

DATE RECEIVED: _____	DATE SENT: _____	Amount received _____
MAIL _____	PICKUP _____	FEDEX _____
Rec. # _____	Time received _____	St Int. _____
MO # _____	Cash _____	Credit card # _____
Exp. Date _____		
CERTIFICATE NUMBER: _____		
Issued by: VR _____ PA _____ AG _____ PR _____ DM _____		