



CLARK COUNTY PUBLIC HEALTH

1601 E. Fourth Plain Blvd. ♦ PO Box 9825
Vancouver, WA 98666-8825
(360) 397-8092 ♦ Fax (360) 397-8091

VITAL RECORDS BIRTH CERTIFICATE APPLICATION

WASHINGTON STATE ONLY: FROM 1921 TO PRESENT

(PLEASE NOTE: APPLICATIONS ACCEPTED FOR PERSONS BORN IN WASHINGTON STATE ONLY)

TODAY'S DATE _____ # of Copies @ \$20.00 ea.

NAME ON RECORD _____
FIRST MIDDLE LAST (MAIDEN NAME)

DATE OF BIRTH _____
MONTH DAY YEAR

PLACE OF BIRTH _____
CITY COUNTY HOSPITAL

MOTHER'S MAIDEN NAME _____
FIRST MIDDLE LAST (MAIDEN NAME)

FATHER'S NAME _____
FIRST MIDDLE LAST

REQUESTOR'S NAME and MAILING ADDRESS REQUIRED

NAME _____ DAYTIME PHONE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

- Visa
 - MasterCard
- CARD # _____ EXPIRATION DATE _____ 3-DIGIT CVV CODE _____

BILLING ADDRESS FOR CARD: _____
ADDRESS CITY STATE ZIP

FAX completed application with billing information to (360) 397-8091; or

MAIL completed application with billing information to: Vital Records, PO Box 9825, Vancouver WA 98666-8825

For Office Use Only

PAYMENT RECEIVED :

CREDIT / DEBIT

AMOUNT RECEIVED \$ _____

Invoice # _____

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