

BIRTH CERTIFICATES:

Kitsap Public Health District offers certified copies of birth certificates for all Washington State births registered **1921 to present**.

BY MAIL	Kitsap Public Health District Attention: Vital Records 345 6th Street, Suite #300 Bremerton, WA 98337-1866
VIA FAX	(360) 337-5298
WALK-IN	3 rd floor of the Norm Dicks Government Center located at 345 6th Street in Bremerton. Monday – Friday between the hours of 8 a.m. and 4 p.m.

How much will the certificate cost?

Certificate Fee	\$20.00 per certificate
Postage	Current 1 st class postage rate up to 4 copies Please call (360) 337-5235 for additional rates.
Handling Fee (if mailed)	\$4.00 (per order regardless of number of copies)
Cashier Checks/Money Orders Payable to:	K.P.H.D. (no personal checks accepted)

What information do I need to have to order a birth certificate?

- The child's name at birth, place of birth, and date of birth.
- The father's full name and the mother's maiden name.
- Whether or not the child is adopted.

What forms of payment do you accept?

- VISA or MasterCard
- Debit Cards with a VISA logo
- Cash
- Cashier's Check/Money Order (**No Personal Checks**)

What hours can I walk-in and get a birth certificate?

Requests for Vital Records will be taken Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m. Walk-in services (with the exception of newborn certificates) can be issued the same day or mailed. Newborn certificates take approximately three to five weeks from the date of birth. The birth hospital must transmit birth data to the Center for Health Statistics prior to the certificate becoming available.

How long does it take for you to mail the birth certificate?

Applications are processed within 48 hours of receipt and mailed at that time. Overnight delivery is available to most areas at an additional charge. For information on this service call (360) 337-5235.

Kitsap Public Health District Birth Certificate Application

Instructions:

1. Please print clearly.
2. Certified birth certificates will be mailed to the address you enter on the mailing label located at the bottom of this form. If no record is found, we will call or mail a letter.
3. If you have any questions call (360) 337-5235 and ask for Vital Records.

Please Note: Instructions for any changes/corrections to a Birth Certificate are located on the reverse side of the Birth Certificate. All changes/corrections are made in Olympia, WA.

Full Name on Birth Record: _____

First

Middle

Last

Date of Birth: _____ Place of Birth: _____

Month

Day

Year

City

County

Hospital Name

Father's Name: _____ DOB: _____ State: _____

First

Middle

Last

Mother's Full Maiden Name: _____ DOB: _____ State: _____

First

Middle

Last

I would like ___ copies at \$20.00 each, plus a \$4.00 Handling Fee, per order.

Make Cashier's Check/Money Order payable to K.C.H.D.

Paying with a Credit Card?

Visa MasterCard Card Number: _____ Expiration Date: _____

Please identify your mailing address below:

Please check one:

This is the address where the certificate(s) will be mailed:

I will pick up the birth certificate(s)

Please mail the birth certificate(s)

PHONE: () _____

Email: _____

*For office use only:

DATE PD _____ AMOUNT _____ CASHIER'S CHECK/MONEY ORDER _____ RECEIPT # _____ LOG # _____