YAKIMA HEALTH DISTRICT 1210 Ahtanum Ridge Drive, Union Gap, WA 98903 509-249-6538 BIRTH CERTIFICATE APPLICATION

Washington State Births Only (1919 to Present)

Mail or bring in person to the above address. The Vital Records Office is open from 8:30am-12:30pm and 1:30pm-4:30pm Monday through Friday (closed Holidays). Wait at least two weeks for <u>newborn</u> certificate requests to allow time for processing. Additional 4-6 weeks for paternity processing.

	Today's Date:	
NAME ON CERTIFICATE:	_	
First	Middle Name	Last
DATE OF BIRTH :	PLACE OF BIRTH:	
Month Day Year	Hospital a	nd/or City
FULL NAME OF FATHER:		
First MAIDEN NAME OF MOTHER:	Middle Name	Last
First	Middle Name	Last (mothers maiden name)
PERSON PICKING UP OR ORDERING CERTIFICATE MUS PURPOSES:	T COMPLETE THE FOLLOWING FOR IDENTIFIC	ATION
NAME:		
First	М.І.	Last
ADDRESS:		
	Street Address and /or POB	
CITY:	STATE: ZIP:	
	PHON	IE:
Signature of person requesti	ng certificates	
Cash, checks, mo	oney orders or credit cards accepted	
Tota	l # of Birth Certificates:	X \$20.00 (each)
* \$8.00 Search fee charge if no record found *	Additional Fees:	
	Same day (pick-up @ office) :	X \$10.00 (per name)
OFFICE USE ONLY	Regular mail:	X \$2.00 (per address)
# Copies:	Express mail:	
Date Issued: Date Mailed:		X \$7.00 (per address)
RECEIPT#:	Plastic cover:	X 0.25¢ (each)
INT:	Total Paid: \$0.00	