



For Office Use Only
Pick Up/Mailed _____

**PUBLIC HEALTH AND
SOCIAL SERVICES DEPARTMENT**
412 Lilly Road N.E.
Olympia, WA 98506-5132
(360) 786-5581, Ext. 16913#

APPLICATION FOR BIRTH CERTIFICATE

1. FILL OUT THE INFORMATION LISTED BELOW:

FULL NAME AT BIRTH _____

DATE OF BIRTH _____

CITY OR COUNTY OF BIRTH _____
(WASHINGTON STATE ONLY)

MOTHER'S FULL MAIDEN NAME _____

FATHER'S FULL NAME _____

2. ENCLOSE \$20.00 FOR EACH CERTIFICATE ORDERED OR BRING THIS APPLICATION TO THE THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPT.

How many certificates do you want _____ X \$20.00 = \$ _____

3. PLEASE FILL OUT THIS SECTION FOR PICK-UP OR MAILING:

a. Name _____

b. Address _____

c. City _____ State _____ Zip _____

d. Phone number _____

4. Certificate to be PICKED UP OR MAILED

PAYMENT METHOD: check one

Amount Paid \$ _____ Check # _____ Visa MasterCard

Card Number _____/_____/_____/_____

Expiration Date ____/____/____ Security Code _____

Cardholder name & address (if different than above) _____
