



Yakima Health District

Instructions for Birth Certificate Order Form

Carefully read these instructions before completing and submitting the Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a birth certificate.

Checklist for completing the Birth Certificate Order Form:

- Complete all fields on the birth certificate order form and sign
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s) (if applicable)
- Include payment (**see payment options on next page**)

What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for a birth certificate?

Qualified applicants for a birth certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, or Government Agency or the Courts (only for official duties).

Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

****If you are NOT one of the listed above, STOP. You will not receive a Birth Certificate****

****If you were NOT born in Washington, STOP. We can not issue out-of-state certificates****

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested birth certificate.

- If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. self or parents), your proof of eligibility requirement is met.
- If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

What documents will the Yakima Health District accept to prove eligibility?

YHD will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal guardian)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

For more information about vital records, please visit our website at
<https://www.yakimacounty.us/280/Birth-Death-Certificates>.



Yakima Health District

View the [Proof of Eligibility \(PDF\)](#) for examples of how to prove qualifying relationship (if in person and you'd like to view the list, please ask front desk for paper copy).

What identity documentation will Yakima Health District accept?

YHD will accept a copy of:

- One government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then at least two alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of [acceptable identity documentation](#).

Payment Options:

- If mailing your application:
We accept money orders or checks made payable to Yakima Health District. **Please note that the Same-day service is not an option.** This service is only for in-person submissions.
- If applying in person:
We accept cash, credit/debit cards, money orders or checks made payable to Yakima Health District.



BIRTH CERTIFICATE ORDER FORM

Issuing Washington State Birth Certificates
from 1919 to Present

Hours:
Mon, Wed, Thur, Fri
8:30a-4:30p
Tuesday
9:30a-4:30p
Office: 509-575-4040

To receive a birth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.

| | | | | | | |
|--|--|-------------------------------------|--------------------------------------|--|--|--|
| SELECT RELATION- SHIP TO CERTIFICATE HOLDER | <input type="checkbox"/> SELF | <input type="checkbox"/> PARENT | <input type="checkbox"/> SIBLING | <input type="checkbox"/> GREAT-GRANDPARENT | <input type="checkbox"/> AUTHORIZED REPRESENTATIVE | |
| | <input type="checkbox"/> SPOUSE/ DOMESTIC PARTNER | <input type="checkbox"/> STEPPARENT | <input type="checkbox"/> GRANDPARENT | <input type="checkbox"/> LEGAL GUARDIAN | <input type="checkbox"/> GOVERNMENT AGENCY | |
| | <input type="checkbox"/> CHILD | <input type="checkbox"/> STEPCHILD | <input type="checkbox"/> GRANDCHILD | <input type="checkbox"/> GREAT-GRANDCHILD | <input type="checkbox"/> COURTS | <input type="checkbox"/> LEGAL REPRESENTATIVE |

| | | | | |
|-----------------------|---|--|-----------|--|
| APPLICANT INFORMATION | FULL NAME OF PERSON REQUESTING CERTIFICATE: (NAME OF PERSON FILLING OUT ORDER FORM) | | | |
| | ADDRESS/P.O. BOX: | | | |
| | CITY: | STATE: | ZIP CODE: | |
| | TELEPHONE NUMBER: | EMAIL ADDRESS: Only required if you are submitting application by mail or purchasing certificate in person and requesting that it be mailed. | | |

Applicant – Please Review and Acknowledge BOTH Statements

☐ I acknowledge that I am a qualified applicant, I will provide my identity document(s), my proof of eligibility document(s) (IF APPLICABLE), and the required fee as stated in the instructions page attached.

☐ I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).

All the following fields must be completed to process the order.

| | | | | |
|----------------------|-----------------------------------|---|------------------|---|
| BIRTH RECORD DETAILS | CERTIFICATE HOLDER FIRST NAME(S): | CERTIFICATE HOLDER FULL MIDDLE NAME(S): | | CERTIFICATE HOLDER LAST NAME(S): (MAIDEN NAME(S), IF APPLICABLE) |
| | DATE OF BIRTH: | CITY OF BIRTH: | COUNTY OF BIRTH: | STATE OF BIRTH: WASHINGTON STATE ONLY |
| | MOTHER/PARENT FIRST NAME(S): | MOTHER/PARENT MIDDLE NAME(S): | | MOTHER/PARENT MAIDEN NAME(S): (PRIOR TO FIRST MARRIAGE) |
| | FATHER/PARENT FIRST NAME(S): | FATHER/PARENT MIDDLE NAME(S): | | FATHER/PARENT LAST NAME(S): |

Certificate Order Fees – TO BE COMPLETED BY APPLICANT

| | |
|--|---|
| Certificate Type / Quantity (Select the type and number of certificates) | <input type="checkbox"/> Certified Copy – Default option <input type="checkbox"/> Noncertified Informational Copy Quantity: _____ – \$25 per Copy |
| Fulfillment Method (Choose how you'd like to receive your order) | <input type="checkbox"/> Same Day (Ready within 15 minutes) – Add \$10 – Default option — Excluding mailed-in applications USPS Regular Mail – Add \$2 <input type="checkbox"/> USPS Priority Mail (Tracking # provided) – Add \$7 |
| Optional Add-ons (Plastic sleeves) | Quantity: _____ – \$0.50 per Sleeve |
| Total Amount Due (Calculate all selected fees) | |

THIS SECTION FOR OFFICE USE ONLY

ID verified by: ☐ YM ☐ MA ☐ GC ☐ AS

No. of certified certificates issued: _____

Receipt No.: _____

Certificate(s) DCN: _____

APPLICANT SIGNATURE

DATE