



Clallam County Birth/Death Informational Copy Application

Informational Copy Only

Mailing & Physical Address:
 Clallam County HHS
 Public Health – Vital Records
 111 E. 3rd Street
 Port Angeles, WA 98362

Not for legal use. Printed on copy paper only.

For a Certified copy, use form <https://www.clallamcountywa.gov/DocumentCenter/View/3425/>

Washington State Informational copies for births and deaths are available from the Clallam County Health & Human Services Department, 111 E. 3rd Street Port Angeles, WA 98362. If you have questions, please call 360-417-2274 prior to submitting an application. The cost is \$25.00 per copy payable by exact cash, check or money order. A complete application must be completed and the fee paid prior to issuance. For an additional fee of \$5.00 per address, your certificate(s) can be mailed.

Checklist for completing the Birth/Death Informational Copies Order Form:

- Complete all fields on the informational copies form
- Cash, check or money order made payable to Clallam County Health and Human Services or CCHHS

Applicant Information	Name of the Person/Company Ordering the Certificate:		
	Mailing Address:		
	City:	State:	Zip:
	Phone Number (for questions):	Email address:	

Noncertified informational copies of birth and death records are NOT issued on certified paper and CANNOT be used for legal purposes. Copies will contain a watermark stating that it is for informational purposes only. The informational death copy WILL NOT display cause and manner of death or decedent's SSN.

Birth Record Details	First Name(s):	Full Middle Name(s):	Last Name(s):
	Date of Birth: (Month Day, Year)	City of Birth:	County of Birth:
	Mother/Parent First Name(s):	Mother/Parent Middle Name(s):	Mother/Parent Last Name(s): (Prior to First Marriage)
	Father/Parent First Name(s):	Father/Parent Middle Name(s):	Father/Parent Last Name(s):
Total number of birth informational copies ordering: []			

Death Record Details	First Name(s):	Full Middle Name(s):	Last Name(s):
	Approximate Date of Death: (Month Day, Year)	City or County of Death:	
	Other names, if known: (ex. maiden name, married names, parents names, etc.)	Spouse(s), if known:	
	Date of Birth, if known:	Place of Birth, if known:	
Total number of death informational copies ordering: []			

To be filled in by applicant				
Total number of INFORMATIONAL copies	X	\$25	=	\$
Mailing Fee (per address)	X	\$5	=	\$
Total:				\$

___ I will pick up (Please pick up at 111 E. 3rd Street, Port Angeles)

___ Please mail to me at above address (\$5 mailing fee per address)

For internal use only:	
Date received: ___/___/___	Certificate Number: _____
Amount paid: \$ _____	
Receipt Number: _____	

Office hours: Monday - Friday
 8:00 a.m. to 12:00 p.m. &
 12:30 p.m. to 4:30 p.m.

Updated: 5/18/2023