



# Clallam County Birth Certificate Application

## Washington State Certified Birth Certificates

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

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

Washington State Certified Birth Certificates for births during or after 1907 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. For births occurring prior to 1907, you may contact the Department of Health at 360-236-4313.

The cost is **\$25.00 per certified copy** payable by *exact cash, check or money order*. A complete application must be completed and the fee paid prior to issuance. Please note: There is a waiting period. Applications received Monday through Thursday will be available for pick-up Fridays or can be mailed upon request. For applications received on Fridays, the birth certificate will be ready the following Friday. **For an additional fee of \$5.00 per address, your certificate(s) can be mailed.**

**For an additional fee of \$10.00 (total \$35.00), the certificate can be expedited and ready same day. This option is available for walk-ins only; we are unable to mail an expedited certificate.**

**Checklist for completing the Birth Certificate Order Form:**

- Complete all fields on the birth certificate order form, sign, and date **(REQUIRED)**
- A copy of your **identity** document(s). Ex. Driver's License or Passport **(REQUIRED)**
- A copy of your proof of **eligibility** document(s), if applicable
- Cash, check or money order made payable to **Clallam County Health and Human Services** or **CCHHS (REQUIRED)**

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

**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 Relationship	<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"/> Step-Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Government Agency
	<input type="checkbox"/> Child	<input type="checkbox"/> Step-Child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Legal Representative	<input type="checkbox"/> Courts

Birth Record Details	Certificate Holder First Name(s):	Certificate Holder Full Middle Name(s):	Certificate Holder Last Name(s):
	Date of Birth: (MM/DD/YYYY)	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):

**I declare under penalty of perjury and in accordance with the laws of Washington State that the information I provided is right and true. In addition, I am aware that knowingly making a false statement about vital records in order to request a record is a serious misconduct under the laws of Washington, section 70.58A.590(2) of the RCW.**

Signature (Applicant)	Signature Date: (MM/DD/YYYY) ____/____/____
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To be filled in by applicant				
Number of certificates requested:	X	\$25	=	\$
Expedited Fee (if applicable)	X	\$10	=	\$
Mailing Fee (per address)	X	\$5	=	\$
<b>Total:</b>				<b>\$</b>

     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: \$_____	Copy of Identity attached: <input type="checkbox"/>
Receipt Number: _____	Copy of Eligibility attached: <input type="checkbox"/>

\*If you are an Authorized Representative please contact our department prior to submitting the application for additional required paperwork  
 \*\*Application will be returned if appropriate documentation is not provided