



Clallam County Birth Certificate Application

Washington State Certified Birth Certificates

Office hours are Monday - Friday 8:00am to 4:30pm

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. Birth Certificates are issued and available for pick up same day, in most cases.

For an additional fee of \$5.00 per address, your certificate(s) can be mailed.

Checklist for completing the Birth Certificate Order Form:

- Complete all fields on the birth certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- 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:

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:	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	=	\$
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: \$ _____	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