



Instructions for Birth/Death Informational Copies Order Form

Carefully read these instructions before completing and submitting the Birth/Death Informational Copies Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires applicants to provide required information to order noncertified informational copies of birth and death records.

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

- Complete all fields on the informational copies form
- Credit card payment or money order made payable to BFHD
- Send the order form, all documents, and nonrefundable payment to:

Benton-Franklin Health District

7102 W. Okanogan Place

Kennewick, WA 99336

What is a noncertified informational copy?

Noncertified informational copies of birth and death records are not issued on the certified paper with security features and cannot be used for legal purposes. It will contain a watermark stating “Cannot be used for legal purposes. Informational only.”

Check with the agency or business about whether or not they will accept informational copies prior to purchasing a noncertified informational copy.

Informational copies of birth records contain the same information as a certified birth copy.

Informational copies of death records contain the same information as the certified short form death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of long form death or fetal death records are not available.

What information is required for noncertified informational copy of birth records?

The following information is required as it appears on the birth record:

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of birth (month, date, year)
- City or county where the birth occurred

What information is required for noncertified informational copy of death records?

The following information is required as it appears on the death record:

- First and last name of the decedent
- Approximate date of death (month and year)
- City or county where the death occurred

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put “in care of” before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept money orders and credit card payment for requests mailed to BFHD. Make sure your money order is made payable to BFHD.

Important note: no refunds will be given if a record could not be located.

For more information about vital records, please visit the Department of Health’s website at <https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce>.



BIRTH/DEATH INFORMATIONAL COPIES ORDER FORM

Processing Time
Standard: 5 business days (no cost)
Same Day Service: Processed same day if received by 2:00pm. \$10 fee

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: <i>(STREET ADDRESS REQUIRED FOR FEDEX ORDERS)</i>			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		DATE OF BIRTH:

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"/> GREATGRANDPARENT	<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"/> 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:	COUNTRY OF BIRTH:	
	PARENT/MOTHER FIRST NAME(S):		PARENT/MOTHER MIDDLE NAME(S):		PARENT/MOTHER LAST NAME(S): <i>(PRIOR TO FIRST MARRIAGE)</i>	
	PARENT/FATHER FIRST NAME(S):		PARENT/FATHER MIDDLE NAME(S):		PARENT/FATHER LAST NAME(S):	

<i>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).</i>	
SIGNATURE (APPLICANT)	DATE SIGNED: (MM/DD/YYYY)

FEES: <i>(Check the box to select order type then enter the quantity.)</i>				
<input type="checkbox"/> Total number of CERTIFIED certificates	x	\$25	=	
<input type="checkbox"/> Same Day Service Fee (If received before 2pm)	x	\$10	=	
SHIPPING: <i>(expedited shipping does NOT mean expedited processing)</i>				
<input type="checkbox"/> First Class Mail: <i>Allow 2-3 weeks</i>	x	0	=	
<input type="checkbox"/> FedEx 3 Day: <i>Allow 3 <u>Business</u> days</i>	x	\$20	=	
<input type="checkbox"/> FedEx Overnight: <i>(no PO Box) No Weekend Delivery</i>	x	\$30	=	
CREDIT CARD PAYMENT				
Credit Card #:		TOTAL AMOUNT DUE		
Amount: \$	Expiration:			
Printed Name:				
Signature:				

FOR OFFICE USE ONLY				
<input type="checkbox"/> NM	<input type="checkbox"/> NI	<input type="checkbox"/> NR	<input type="checkbox"/> SIE	<input type="checkbox"/> MD
<input type="checkbox"/> MR	<input type="checkbox"/> PP	<input type="checkbox"/> NQ	<input type="checkbox"/> IA	
<input type="checkbox"/> CALLED	DATE:	INITIALS:		
<input type="checkbox"/> EMAILED	DATE:	INITIALS:		
<input type="checkbox"/> LETTER SENT	DATE:	INITIALS:		
OTHER:				
SUBMIT APPLICATION BY ONE OF THE FOLLOWING METHODS				
FAX: (509) 460-4587				
ENCRYPTED EMAIL: Fill out blue box on website called "Request Online Form" to get a secure email link.				
MAIL: Benton-Franklin Health District 7102 W. Okanogan Place Kennewick, WA 99336 Phone: (509) 460-4204				