

Klickitat County Health Dept.  
501 E. Washington St./P.O. Box 159  
White Salmon, WA 98672  
509-493-1558 1-888-267-1199

VITAL RECORDS APPLICATION

WASHINGTON STATE BIRTH CERTIFICATES

Klickitat County Health Dept.  
228 W. Main MS CH-14  
Goldendale, WA 98620  
509-773-4565 1-888-291-3521

1921 TO PRESENT

**COUNTY ISSUED BIRTH CERTIFICATES ARE NOT ACCEPTED BY TRIBAL ENROLLMENT.  
PLEASE ASK IF YOU NEED FURTHER INFORMATION.**

DATE \_\_\_\_\_ # OF COPIES @ \$20.00 EACH

**CASH OR MONEY ORDERS ONLY      NO PERSONAL CHECKS      DO NOT SEND CASH**

**ARE YOU REQUESTING A CERTIFIED COPY IN ORDER TO MAKE CHANGES TO A SOCIAL SECURITY CARD?**

NO \_\_\_\_\_ YES \_\_\_\_\_ **PLEASE CONTACT THIS OFFICE BEFORE PROCEEDING.**

NAME ON RECORD \_\_\_\_\_

FIRST MIDDLE LAST

DATE OF BIRTH \_\_\_\_\_

MONTH DAY YEAR

PLACE OF BIRTH \_\_\_\_\_

CITY COUNTY HOSPITAL

FATHER'S NAME \_\_\_\_\_

FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME \_\_\_\_\_

FIRST MIDDLE LAST

**REQUESTOR'S NAME AND ADDRESS REQUIRED**

NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ I WILL **PICK UP** MY CERTIFICATE IN PERSON

\_\_\_\_\_ PLEASE **MAIL** MY CERTIFICATE TO THE ADDRESS ABOVE

**FOR OFFICE USE ONLY**

**RECEIVED** \_\_\_\_\_ **AMT REC'D** \_\_\_\_\_

**MO #** \_\_\_\_\_ **DATE MAILED** \_\_\_\_\_

**DATE PICKED UP** \_\_\_\_\_ **STAFF INITIALS** \_\_\_\_\_