

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
- Visa or Mastercard, **Cashier** check or money order made payable to KPHD
- Send the order form and nonrefundable payment to:

Kitsap Public Health District
Vital Records
345 6th Street, Suite 300
Bremerton, WA 98337

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, fetal death, marriage, or divorce 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 form of payment is accepted?

We accept Visa or Mastercard, **cashier** checks or money orders for requests mailed to KPHD. Make sure your **cashier** check or money order is made payable to KPHD.

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

For more information about vital records, please visit our website at <https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce>.



BIRTH/DEATH INFORMATIONAL COPIES MAIL ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD PARTY VENDOR TO OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

MAIL ORDERS TO:
Kitsap Public Health District
345 6th Street, Suite 300
Bremerton, WA 98337

**MAKE CASHIER CHECKS & MONEY
ORDERS PAYABLE TO: KPHD
NO REFUNDS**

| | | | | |
|------------------------------|---|----------------|-----------|----------|
| APPLICANT INFORMATION | NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S): | | | |
| | ADDRESS SENDING CERTIFICATE (S) TO: | | | |
| | CITY: | STATE: | ZIP CODE: | COUNTRY: |
| | DAYTIME TELEPHONE NUMBER: | 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: | CITY OF BIRTH: | COUNTY OF BIRTH: |
| | MOTHER/PARENT BIRTH FIRST NAME(S): | FULL MIDDLE NAME(S): | LAST NAME(S): |
| | FATHER/PARENT FIRST BIRTH NAME(S): | FULL MIDDLE NAME(S): | 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 & 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: []

VISA MASTERCARD CARD NUMBER: _____ SECURITY CODE: _____ EXPIRATION DATE: _____
 CHIP CARD: YES/NO CARD HOLDER ZIP CODE: _____

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|---|--|---|--------|---|
| FEES: Check the box to select order type then enter the quantity. | | | | |
| <input type="checkbox"/> Total number of INFORMATIONAL copies | | x | \$25 | = |
| SHIPPING: (expedited shipping does <i>NOT</i> mean expedited processing) | | | | |
| <input type="checkbox"/> Shipping and handling | | | \$4.50 | = |
| TOTAL AMOUNT DUE (ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE) | | | | |

| FOR OFFICE USE ONLY | | |
|--------------------------------------|-------|-----------|
| <input type="checkbox"/> CALLED | DATE: | INITIALS: |
| <input type="checkbox"/> EMAILED | DATE: | INITIALS: |
| <input type="checkbox"/> LETTER SENT | DATE: | INITIALS: |
| OTHER: | | |