



# ASOTIN COUNTY HEALTH DISTRICT

431 ELM STREET

CLARKSTON, WASHINGTON 99403-2694

(509) 758-3344

## MAIL-IN BIRTH CERTIFICATE REQUEST FORM (must have been born in the State of Washington)

Date of Request \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Number of Certified Copies Requested \_\_\_\_\_ @ \$20 each

Name on Record (First/Middle/Last) \_\_\_\_\_

Exact Date of Birth \_\_\_\_\_ (must be born after 1924 to process in our office)

City or County of Birth \_\_\_\_\_

Father's Name (First/Middle/Last) (or "not named") \_\_\_\_\_

Mother's full **maiden** name (First/Middle/Last) \_\_\_\_\_

Acceptable forms of payment:

Check or Money Order

Payable to: ACHD

Mail to: Asotin County Health District  
431 Elm Street  
Clarkston, WA 99403

Amount enclosed: \_\_\_\_\_