



CENTER FOR HEALTH STATISTICS FAX-IN REQUEST FORM

Fees start at \$32.00 for certified copies

We accept Visa, MasterCard, Discover or American Express

Credit Card Number _____ Expiration Date _____

Requestor's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Email Address _____

Delivery Choices

If no box is marked, the document will be sent via first class mail, next business day. Expedited deliveries will be processed same day, providing fax is received by 12 Noon.

- First Class Mail (allow 5-10 business days for delivery) No additional charge []
Express Mail Delivery (street address or PO Box) \$17.50 add'l []
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UPS to Canada or Mexico (street address only) \$26.50 add'l []
UPS to other International Addresses (street address only) \$37.00 add'l []

Please fax your request to (360) 352-2586



Or you may call in your request at (360) 236-4312 or 4313 9 am to 4 pm Pacific Time Monday-Friday

Birth Certificates EXACT INFORMATION REQUIRED

_____ Certified Birth Certificates

Name on Record (first middle last) _____

Exact Date of Birth _____ City or County of Birth _____

Father's (first middle & last) Name (or "not named") _____

Mother's (first middle & MAIDEN LAST) Name _____

Death Certificates

_____ Certified Death Certificates

Name on Record _____ Male/Female _____

Approximate Date of Death _____ Date of Birth (if known) _____

City or County of Death _____ Spouse (if known) _____

Marriage & Divorce Certificates

_____ Marriage Certificates

_____ Divorce Certificates

Husband's Name _____

Wife's Maiden Name _____

Approximate Date of Marriage _____ Licensing County _____

Approximate Date of Divorce _____ Filing County _____