

## Public Health & Social Services

360 NW North Stree Chehalis WA 98532

NOI	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):								
APPLICANT INFORMATION	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)								
CANTIN	CITY:		STATE:		ZIP CODE:		COUNTRY:	COUNTRY:	
APPL	DAYTIME TELEPHONE NUMBER:		EMAIL ADDRESS:						
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.									
		☐ SELF	☐ PARENT	PARENT SIBLING		☐ GREATGRA	NDPARENT	☐ AUTHORIZEÐ REPRESENTATIVE	
REL	SELECT ATIONSHIP:	☐ SPOUSE/DOMESTIC PARTNER	☐ STEPPARENT			☐ LEGAL GUA	RDIAN ,	☐ GOVERNMENT AGENCY	
1841 W 1841 W		☐ CHILD	☐ STEPCHILD ☐ GRAND		HILD 🔲 LEGAL REPRE		RESENTATIVE	☐ COURTS	
S	CERTIFICATE HOLDER FIRST NAME(S):		CERTIFICATE HOLDER FULL MIDDLE NAME			): CEF	CERTIFICATE HOLDER LAST NAME(S):		
D DETAIL	DATE OF BIRTH:		CITY OF BIRTH:	CITY OF BIRTH: COU		JNTY OF BIRTH: COUN		NTRY OF BIRTH:	
BIRTH RECORD DETAILS	PARENT/MOTHER FIRST NAME(S):		PARENT/MOTHER MIDDLE NAME(S):			PAI	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)		
BIR	PARENT/FATHER FIRST NAME(S):		PARENT/FATHER MIDDLE NAME(S):			PAI	PARENT/FATHER LAST NAME(S):		
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).									
SIGN	NATURE (APPL						IED: (MM/DD/YYYY)		

LEWIS COUNTY PUBLIC HEALTH DEPARTMENT 360 NW NORTH ST, CHEHALIS WA 98532 Office hours are Monday — Friday 8-4:30PM CLOSED for lunch between 11:30 — 12:30PM.

Amount: same day \$30.00 or next day \$25.00

Payment: Cash, Check#\_\_\_\_, Credit/Debit card (using a credit/debit will add a service fee)