



Chelan Douglas Health District Birth / Death Certificate Application

Please print clearly. We issue certificates for births and deaths that occurred in Washington State only.

For newborns allow 2-3 weeks after the birth of the baby.

Requests are processed Monday through Thursday. Please remember that our office is closed on Friday.

Any time a record is searched for but is not found, an \$8.00 search fee is charged per *RCW 70.58.107*.

For more information, visit www.cdhd.wa.gov or call (509) 886-6400.

Contact Information

How would you like to receive the order? By Mail OR Will Pick

Name of person ordering certificate(s):			Daytime Phone		
Street Address			Email (Optional)		
City	State	Zip Code	Relationship to the person on the Certificate		
Mailing Address, if different:		Address	City	State	Zip Code

Birth Certificate Request

Number of Certificates Ordering _____ OR Search Only

Full Name on Certificate: (First) (Full Middle Name) (Last)		
Date of Birth:	City or County of Birth:	Facility of Birth (Home, Hospital, etc.)
Mother/Parent Birth Name: (First)	(Full Middle Name)	(Birth/Maiden Last Name)
Father/Parent Birth Name: (First)	(Full Middle Name)	(Birth/Maiden Last Name)
		<input type="checkbox"/> Not Listed

Death Certificate Request

Number of Certificates Ordering _____ OR Search Only

Name on Certificate: (First) (Full Middle Name) (Last)		
Date of Death:	Date of Birth:	City or County of Death:
Name of Funeral Establishment:		Spouse, <i>if known</i> :

Make checks or money orders
payable to CDHD.

Send Mail-in Orders to:
Chelan Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802

Payment Options

Total Number of Certified copies: _____ x \$20 = \$ _____
 Search Fee Only: _____ x \$8 = \$ _____
 Expedite Fee (Same day service): _____ x \$10 = \$ _____
 Mailing Fee – Regular Mail: _____ x \$2 = \$ _____
 Mailing Fee – Priority Mail: _____ x \$9 = \$ _____
TOTAL AMOUNT DUE: \$ _____