



Chelan Douglas Health District Birth / Death Certificate Application

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
We are not responsible for lost mail.

PLEASE PRINT CLEARLY. We issue certificates for births and deaths (**recent deaths only**) that occurred in **Washington State only**.
For newborns allow 3-4 weeks after the birth of the baby.
Requests are processed Monday through Thursday. Please remember that our office is closed on Fridays.
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.

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|---|--------------------|--|--|
| Contact Information | | How would you like to receive the order? <input type="checkbox"/> By Mail OR <input type="checkbox"/> Will Pick-up | |
| 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: <i>Address</i> | | <i>City</i> | <i>State</i> <i>Zip Code</i> |
| Birth Certificate Request | | Number of Certificates Ordering _____ OR <input type="checkbox"/> Search Only | |
| Full Name on Certificate: (First Name) | (Full Middle Name) | (Last Name) | |
| Date of Birth: | City of Birth: | County of Birth: | Facility of Birth (Home, Hospital, etc.) |
| Mother/Parent Birth Name: (First Name) | (Full Middle Name) | (Birth/Maiden Last Name) | |
| Father/Parent Birth Name: (First Name) | (Full Middle Name) | (Birth/Maiden Last Name) | <input type="checkbox"/> Not Listed |
| Did an adoption ever take place? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Death Certificate Request | | Number of Certificates Ordering _____ OR <input type="checkbox"/> Search Only | |
| Name on Certificate: (First Name) | (Full Middle Name) | (Last Name) | |
| Date of Death: | Date of Birth: | | |
| City or Town of Death: | County of Death: | | |
| Name of Funeral Establishment: | | | |
| Payment Options | | <i>Official Office Use Only</i> | |
| Total Number of Certified Copies: _____ x \$20 = \$ _____ | | | |
| Search Fee Only: _____ x \$8 = \$ _____ | | | |
| Expedite Fee (Same day service): _____ x \$10 = \$ _____ | | | |
| *Mailing Fee – Regular Mail: _____ x \$3 = \$ _____ | | | |
| *Mailing Fee – Priority Mail: _____ x \$9 = \$ _____ | | | |
| TOTAL AMOUNT DUE: \$ _____ | | | |
| *One shipping fee per address regardless of # of orders | | | |
| <i>Official Office Use Only</i> | | | |
| Date: _____ Certificate Number(s): _____ | | | |
| <input type="checkbox"/> Regular/Priority Mail/UPS <input type="checkbox"/> Newborn/Paternity Pending <input type="checkbox"/> No Match/UTI <input type="checkbox"/> Stat | | | |