APPLICATION FOR CERTIFIED COPY OF BIRTH/DEATH CERTIFICATES

Quantity of certified copies: _______ at $20 each = $ ______

• When we are unable to locate a record, we will retain an $8.00 search fee.

• We accept cash, debit or credit cards (Visa, MasterCard, Discover), and money orders at our window.

• We accept money orders/cashier checks ONLY for mail-in orders – please make them payable to “Spokane Regional Health District” or “SRHD.”

INTERNAL USE ONLY
Invoice: ______________
Type of Payment:
☐ Cash
☐ Debit Card
☐ Credit Card
☐ Money Order
Amount: $ ____________

REQUESTED BY - CANNOT BE LEFT BLANK, PLEASE COMPLETE

Your Name: ________________________________________________________________________________
Mailing Address: _____________________________________________________________________________ Apt.#: __________________________
City: ___________________________ State: __________________ Zip: _________________________________
Telephone: _____________________ Date: ____________________
Relationship to Individual on Record: ___________________________________________________________________

BIRTH CERTIFICATE - PLEASE PRINT

Full Name on Record: _____________________________________________________________________________ (First) (Middle) (Last)
Date of Birth: _____________________ City/State of Birth: _____________________________________________
Mother’s Maiden Name: __________________________________________________________________________ (First) (Middle) (Maiden Name)
Name of Father: _______________________________________________________________________________ (First) (Middle) (Last)

DEATH CERTIFICATE - PLEASE PRINT

Full Name of Deceased: __________________________________________________________________________
Date of Death: _____________________ City/State of Death: ____________________________________________