

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: _____