

# 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: \$ \_\_\_\_\_

## 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: \_\_\_\_\_

## REQUESTED BY - CANNOT BE LEFT BLANK, PLEASE COMPLETE

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Individual on Record: \_\_\_\_\_