

Vital Records
Northeast Tri County Health District
240 E Dominion Ave
Colville, WA 99114
(509) 684-2262

INSTRUCTIONS FOR BIRTH/DEATH INFORMATIONAL COPIES ORDER FORM



Carefully read these instructions before completing and submitting the Birth/Death Informational Copies Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires applicants to provide required information to order noncertified informational copies of birth and death records.

Checklist for completing the Birth/Death Informational Copies Order Form:

- Complete all fields on the informational copies order form
- Check or money order made payable to: **NETCHD**
- Send the order form and nonrefundable payment to:

Vital Records
Northeast Tri County Health District
240 E. Dominion Ave.
Colville, WA 99114

What form of payment is accepted?

We accept checks, money orders, and credit cards for requests mailed to Northeast Tri County Health District (NETCHD). Check/money order must be made payable to: **NETCHD**. Call 509-684-2262 for credit card payments.

Important Note: No refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a birth certificate.

What is a noncertified informational copy?

Noncertified informational copies of birth and death records are not issued on the certified paper with security features and cannot be used for legal purposes. It will contain a watermark stating “Cannot be used for legal purposes. Informational only”. Check with the agency about whether they will accept informational copies prior to purchasing a noncertified informational copy. Informational copies of death records contain the same information as the certified short form death copy. It does not contain cause and manner of death information or social security number of the decedent. Noncertified informational copies of long form death, fetal death, marriage, or divorce records are not available.

What information is required for noncertified informational copy of birth records?

The following information is required as it appears on the birth record:

- First, middle, and last name of the subject of the record
- Date of birth (month, day, year)
- City or county where the birth occurred
- First and last name of all parents listed on the record

What information is required for noncertified informational copy of death records?

The following information is required as it appears on the birth record:

- First and last name of the decedent
- Approximate date of death (month and year)
- City or county where the death occurred

For more information about vital records, please visit the Washington State DOH website at <https://www.doh.wa.gov/vitalrecords>. To obtain information on vital records services available at the Northeast Tri County Health District Colville office, please visit the NETCHD website at <https://www.netchd.org>.

BIRTH/DEATH INFORMATIONAL COPIES ORDER FORM

*** Total Number of **Informational Copies Ordered** _____ at \$25 Each = \$ _____

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):			
	MAILING ADDRESS SENDING CERTIFICATE(S) TO:			
	CITY:	STATE:	ZIP CODE:	DAYTIME TELEPHONE NUMBER: ()
	EMAIL ADDRESS:			

NONCERTIFIED INFORMATIONAL COPIES OF BIRTH AND DEATH RECORDS ARE NOT ISSUED ON CERTIFIED PAPER AND CANNOT BE USED FOR LEGAL PURPOSES. COPIES WILL CONTAIN A WATERMARK STATING THAT IT IS FOR INFORMATIONAL PURPOSES ONLY. THE INFORMATIONAL DEATH COPY WILL NOT DISPLAY CAUSE AND MANNER OF DEATH OR DECEDENT'S SSN.

BIRTH RECORD DETAILS	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:
	MOTHER/PARENT BIRTH FIRST NAME(S):	MOTHER/PARENT FULL MIDDLE NAME(S):	MOTHER/PARENT LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
	FATHER/PARENT FIRST BIRTH NAME(S):	FATHER/PARENT FULL MIDDLE NAME(S):	FATHER/PARENT LAST NAME(S):

***** TOTAL NUMBER OF BIRTH INFORMATIONAL COPIES ORDERING: []**

DEATH RECORD DETAILS	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
	APPROXIMATE DATE OF DEATH: (MONTH & YEAR)		CITY OR COUNTY OF DEATH:
	OTHER NAMES, IF KNOWN (EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):		SPOUSE(S), IF KNOWN:
	DATE OF BIRTH, IF KNOWN:	PLACE OF BIRTH, IF KNOWN:	

***** TOTAL NUMBER OF DEATH INFORMATIONAL COPIES ORDERING: []**

FOR OFFICE USE ONLY					
<input type="checkbox"/> Sold in Error	<input type="checkbox"/> Incomplete Application	<input type="checkbox"/> No Match	<input type="checkbox"/> Other	<input type="checkbox"/> Pending Cause of Death	<input type="checkbox"/> Open Record
Correspondence <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> Email		Date:	Initials:	Notes:	
Correspondence <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> Email		Date:	Initials:	Notes:	
Receipt#:	Date Issued:		<input type="checkbox"/> Mailed <input type="checkbox"/> Counter Pickup <input type="checkbox"/> Other _____		