



Cowlitz County Health & Human Services

1952 9th Avenue
Longview, WA 98632
TEL (360) 414-5599
FAX (360) 425-7531
www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
John Jabusch District 3

Birth/Death Noncertified Informational Copies Order Form

Instructions

Carefully read these instructions before submitting a completed Birth/Death Noncertified Informational Copy Order Form.

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 or business about whether or not they will accept informational copies prior to purchasing a noncertified informational copy.

Informational copies of birth records contain the same information as a certified birth 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 copy of long form death and fetal death records are not available.

Step 1: Complete the enclosed Birth/Death Informational Copies Order Form.

Step 2: Submit the completed Birth/Death Informational Copies Order Form and your payment. We accept cash, check or money order and debit/credit. Make sure your check or money order is made payable to CCHD.

Important Notes	
Per Cowlitz County: <ul style="list-style-type: none"> • Debit or credit card payments have a minimum \$2.50 fee. • There will be a \$25 fee for all returned checks (Resolution No. 03-044). • Orders not picked up within 10 business days will be mailed (regular mail). • Incomplete or unreadable forms may delay the process. 	Per Washington State Department of Health: <ul style="list-style-type: none"> • No refunds will be given if a record could not be located.

For more information about vital records, visit our website: <https://www.co.cowlitz.wa.us/732/Birth-and-Death-Certificates>



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*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 manager of death or decedent's SSN.*

BIRTH RECORD DETAILS

FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
DATE OF BIRTH:	PLACE OF BIRTH (CITY/COUNTY):	
MOTHER/PARENT FIRST NAME(S):	MIDDLE NAME(S):	LAST NAME(S): <u>Prior to first marriage</u>
FATHER/PARENT FIRST NAME(S):	MIDDLE NAME(S):	LAST NAME(S): <u>Prior to first marriage</u>

DEATH RECORD DETAILS: Electronically filed only

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

YOUR INFORMATION

NAME OF PERSON/COMPANY ORDERING:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:	EMAIL ADDRESS:	

_____ Requested number of <u>Informational Birth Record(s)</u>	Per Washington State Department of Health: <ul style="list-style-type: none"> No refunds will be given if a record could not be located. 	\$25.00 PER CERTIFICATE PAYABLE AT TIME OF ORDER
_____ Requested number of <u>Informational Death Record(s) short form</u>		
<input type="checkbox"/> Pick up next business day after 2:00 PM. Orders(s) will be sent regular mail if not picked up in 10 business days. <u>Picture ID required</u> <input type="checkbox"/> I authorize _____ to pick up on my behalf. <u>Picture ID required</u> <input type="checkbox"/> Send to the address provided above, regular mail.		

FOR OFFICE USE ONLY

Date Ordered:		Client #	
Total Payment Paid	Fast Track	Type of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check/Money Order _____
Date Released:	<input type="checkbox"/> Picked Up _____ <input type="checkbox"/> Mailed: _____		
Customer Signature upon Receipt		Staff confirmed photo ID at pickup:	