

Please Read These Instructions Carefully

WAIT PERIOD

Newborn
Newborn: 2 Weeks/Semanas. If your baby is 2 weeks or younger, please allow two weeks processing time before requesting your newborns record.
Paternity
Paternity: 4-6 Weeks/Semanas. If you are in the process of establishing paternity, please allow 4-6 weeks processing time from the day that your notarized Paternity Acknowledgement is turned into Olympia for processing.

Correction
Corrections: 3-5 Business Days/Días Hábil. Corrections made through affidavits can take up to a week to apply to the record. We charge an \$8 search fee to look up records that might have information different from what you put on your application when requesting the record per RCW 70.58.107 .
Court Order Corrections: Corrections made through court orders must be sent to Olympia for processing and can take 7-10 business days for processing.

***To avoid search fees, we advise that you contact the state directly at 360-236-4300 (option 3) before requesting a record where information is pending or changes have been made to the record.**

FEES

Basic Fees
\$30.00 Same Day Issuance/Servicio de Mismo Día
\$20.00 Next Day (pick up in office)/Servicio de Siguiete Día (recojer en officina)
\$22.00 Regular Mail/Correo regular
\$27.00 Priority Mail/Correo de Prioridad
\$8.00 Search Fee if your record is requested but not found Cobramos si su registro se solicita pero no se encuentra (RCW 70.58.107)
Additional Fees
\$.50 for each Plastic Cover/Cubierta plastica
\$20.00 for each Additional Certified Copy/Copia Certificado Adicional
\$20.00 Corrections/Cargo Adicional para Correcciones

VITALCHEK

To order on-line, through VitalChek, please visit, www.vitalchek.com. Additional charges will apply. All credit cards are processed through VitalChek.



Birth Certificate Application

Solicitud Para Acta De Nacimiento

(1919 to Present/ a Presente)

Yakima Health District
 Vital Records
 1210 Ahtanum Ridge Drive
 Union Gap, WA. 98903
 Hours/Horas: 8:30-12:30; 1:30-4:30, M-F
 Office: 509-249-6538
 Fax: 509-249-6605
 Email: birthrecords@co.yakima.wa.us

WASHINGTON STATE BIRTHS ONLY/NACIMIENTOS DEL ESTADO DE WASHINGTON SOLAMENTE

TODAY'S DATE/ FECHA DE HOY: _____

NAME ON CERTIFICATE:

NOMBRE EN LA ACTA:

First/Primero

Middle Name/ Segundó

Last/ Apellido(s)

DATE OF BIRTH:

FECHA DE NACIMIENTO:

Month/Mes Day/Día Year/Año

PLACE OF BIRTH:

LUGAR DE NACIMIENTO:

Hospital and/or City/ Ciudad

MAIDEN FULL NAME OF MOTHER:

NOMBRE COMPLETO DE LA MADRE:

First/ Primero

Middle Name/ Segundó

Last/(Apellidos(s) de soltera)

FULL NAME OF FATHER:

NOBMR E COMPLETO DEL PADRE:

First/ Primero

Middle Name/ Segundó

Last/ Apellido(s)

PERSON PICKING UP OR ORDERING CERTIFICATE MUST COMPLETE THE FOLLOWING FOR IDENTIFICATION PURPOSES:
 LA PERSONA QUE RECOJA O SOLICITE UN CERTIFICADO DEBE COMPLETAR LO SIGUIENTE PARA PROPOSITOS DE IDENTIFICACIÓN:

NAME:

NOMBRE:

First/ Primero

M.I./ Inicial o Segundó nombre

Last/ Apellido(s)

ADDRESS:

DOMICILIO RESIDENCIAL:

Street Address and/or POB/ Domicilio o caja postal

CITY:

CIUDAD:

STATE:

ESTADO:

ZIP:

CÓDIGO:

SIGNATURE/FIRMA:

PHONE/NÚMERO DE TELÉFONO:

Option A: Same Day

\$30 (per certificate; per name)

Additional Fees:

Plastic Cover + 0.50¢ (each) _____

Qty. _____

Option A Total: _____

Option B: Next Day

\$20 (per certificate; per name)

Additional Fees:

Plastic Cover + 0.50¢ (each) _____

Qty. _____

Option B Total: _____

*Bring in receipt the next business day to pick up certificate.

Option C: Mail

\$22 (per certificate; per address)

Additional Fees:

Plastic Cover + 0.50¢ (each) _____

Priority Mail + \$5.00 (per address) _____

Qty. _____

Option C Total: _____

*Mail usually takes 1-2 weeks.

Office Use Only/Us o de Oficina Solamente: Initials: _____

Number of Copies: _____

SD ND M

Total Paid/Pagado: _____

Receipt #: _____