

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

\$35.00 Same Day Issuance/Servicio de Mismo Día

\$25.00 Next Day (pick up in office)/Servicio de Siguiete Día (recojer en officina)

\$27.00 Regular Mail/Correo regular

\$32.00 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

\$25.00 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: 509-575-4040
Fax: 509-575-7894

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

MiddleName/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

MiddleName/Segundó

Last/(Apellidos) de soltera

FULL NAME OF FATHER:

NOBME COMPLETO DEL PADRE:

First/Primero

MiddleName/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

\$35

(per certificate; per name)

Additional Fees:

Plastic Cover: \$0.50 each _____

Quantity: _____

Option A Total: _____

OPTION B: NEXT DAY

\$25

(per certificate; per name)

Additional Fees:

Plastic Cover: \$0.50 each _____

Quantity: _____

Option B Total: _____

OPTION C: MAIL

\$27

(per certificate; per name)

Additional Fees:

Priority Mail: \$5.00 Per Address

Plastic Cover: \$0.50 each _____

Quantity: _____

Option C Total: _____

*Mail takes 1-2 weeks for arrival