



## Birth Certificate Application

Full Name at Birth ( <i>First/Middle/Last</i> ):	Date of Birth ( <i>Month/Day/Year</i> ):
City or County of Birth ( <i>Washington State Only</i> ):	
Father's Full Name ( <i>First/Middle/Last</i> ):	Mother Full <b>Maiden</b> Name ( <i>First/Middle/Last</i> ):

### REQUESTOR INFORMATION

Name of Requestor:	Phone Number:	
Street/Mailing Address:	City / State:	Zip:
Signature of Requestor:		

Pre-Order Pick Up between 4:00 & 4:30   
  Pre-Order Mail to above address   
  In-Person (**\$3 Expedite fee**)

### PAYMENT INFORMATION

PROCESSING FEES APPLY TO ALL PAYMENTS MADE BY DEBIT/CREDIT CARD IN THE AMOUNT OF \$2.00 OR 2.5% WHICHEVER IS GREATER. We accept Cash, Check (made out to Mason County Treasurer), Visa, Mastercard, Discover, American Express, & Debit

Number of Certificates: _____	X \$20.00	= \$ _____	<i>(If paying by credit card, ADD \$2.00 or 2.5% whichever is greater)</i>
Expedite fee: _____	X \$3.00		
Amount Paid: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check ( <i>Payable to MCT</i> )	<input type="checkbox"/> Credit/Debit ( <i>processing fee</i> )

### APPLICATION SUBMITTAL

<p style="text-align: center;"><b>Applications may be submitted by:</b></p> <p style="text-align: center;"><b>Mail or In-Person to:</b>          Mason County Public Health          415 N. 6<sup>th</sup> Street, Shelton, WA 98584</p>	<p style="text-align: center;"><b>Contact Information:</b></p> <p>Phone: (360) 427-9670 x400 Shelton          (360) 275-4467 x400 Belfair          (360) 482-5269 x400 Elma          Fax: (360) 427-7787</p>
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**FOR OFFICE USE ONLY**

Date Picked up/Mailed: \_\_\_\_\_

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

Completed by: \_\_\_\_\_ Certificate #(s): \_\_\_\_\_