



Clallam County Birth/Death Informational Copy Application Informational Copy Only

Office hours are Monday - Friday 8:00am to 4:30pm

Mailing & Physical Address:
Clallam County HHS
Public Health – Vital Records
111 E. 3rd Street
Port Angeles, WA 98362

Washington State Informational copies for births and deaths are available from the Clallam County Health & Human Services Department, 111 E. 3rd Street Port Angeles, WA 98362. If you have questions, please call 360-417-2274 prior to submitting an application. The cost is **\$25.00 per copy** payable by *exact cash, check or money order*. A complete application must be completed and the fee paid prior to issuance. **For an additional fee of \$5.00 per address, your certificate(s) can be mailed.**

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

- Complete all fields on the informational copies form
- Cash, check or money order made payable to **Clallam County Health and Human Services** or **CCHHS**

Applicant Information	Name of the Person/Company Ordering the Certificate:		
	Mailing Address:		
	City:	State:	Zip:
	Phone Number (for questions):	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 First Name(s):	Mother/Parent Middle Name(s):	Mother/Parent Last Name(s): (Prior to First Marriage)
	Father/Parent First Name(s):	Father/Parent 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: []			

To be filled in by applicant				
Total number of INFORMATIONAL copies		X	\$25	= \$
Mailing Fee (per address)		X	\$5	= \$
Total:				\$

I will pick up (Please pick up at 111 E. 3rd Street, Port Angeles)

Please mail to me at above address (\$5 mailing fee per address)

For internal use only:	
Date received: ___/___/___	Certificate Number: _____
Amount paid: \$ _____	
Receipt Number: _____	