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COUNTY PUBLIC HEALTH DEPARTMENT

WASHINGTON STATE CERTIFIED BIRTH CERTIFICATES

\$20.00 Per Certificate

No. of Certificates Requested: _____

*Requestors Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

*Telephone No.: _____

*Name on Birth Record: _____
First Last

*Exact Date of Birth: ____/____/____ City or County of Birth: _____ (WA State Only)

Mothers Name: _____
First Last (maiden)

Fathers Name: _____
First Last

***Mandatory Information**

- Certificates will be available in 2-3 business days at Public Health.
- Arrangements can be made to mail them if needed after payment is received.
- Cash or Check Payment is required.
- We do **not** accept debit or credit cards at this time.