



Birth Certificate Request Form  
Skamania County Community Health

Exact Information Required:

Date: \_\_\_\_\_

# \_\_\_\_\_ Certified Birth Certificates x \$20.00

Full name on Record \_\_\_\_\_

Exact Date of Birth \_\_\_\_\_ City or County of Birth \_\_\_\_\_

Father's First, Middle & Last Name or Not Named:

\_\_\_\_\_

Mother's First, Middle & Maiden Last Name:

\_\_\_\_\_

Person Applying \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_