



Lincoln County Health Department
Dr. Marshall Thompson, Health Officer

90 Nicholls
Davenport, WA 99122
Personal Health (509) 725-1001
Env. Health (509) 725-2501
Fax (509) 725-1014

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

IF THIS RECORD IS TO BE USED TO CLAIM VA BENEFITS PLEASE
PROVIDE VA CLAIM NUMBER: _____

Full Name at Birth: _____
(First) (Middle) (Last)

Date of Birth: _____ Age Now: _____

Hospital/Place of Birth: _____

Father's Name: _____
(First) (Middle) (Last)

Mother's full MAIDEN Name: _____
(First) (Middle) (Maiden Name)

Person Requesting Certificate: _____
(Print Name) (Signature)

Number of Copies _____ at \$20.00 each = \$ _____
(add \$3.00 if you want certificate mail)

LCHD accepts cash, check or money order
Checks can be made payable to LCHD
Please do not send cash in the mail

Please mail Certified Birth Certificate to:

(FOR OFFICIAL USE ONLY)

Date Received: _____ Name of Deputy Registrar: _____

Certificate Number: _____ Receipt Number: _____

Date Picked Up: _____ Date Mailed: _____

