

## Washington State Department of Health Birth / Death Certificate Mail Order Form

|                     |   |
|---------------------|---|
| <b>Instructions</b> | <ul style="list-style-type: none"> <li><b>Print clearly.</b></li> <li><b>**We issue certificates for births and deaths that occurred in Washington State only, after July 1, 1907.</b></li> <li>For a birth or death before July 1, 1907, contact the local health department where the event occurred.</li> <li>We only accept checks or money orders for mail orders. <b>Do not send cash or credit card information.</b></li> <li>\$20 per certificate.</li> <li>If adopted, provide your adoptive name and adoptive parents' information.</li> <li>Visit <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> for more information and ordering options or call 360-236-4300, Monday through Friday between 8:30 a.m. and 5 p.m. Pacific Time.</li> </ul> |
|---------------------|---|

|                            |  |        |                |
|----------------------------|--|--------|----------------|
| <b>Contact Information</b> | Name of person ordering certificate(s):  |        |                |
|                            | Company name (if applicable):  |        |                |
|                            | Address sending certificate(s) to:<br>(Street address required for FedEx orders) |        |                |
|                            | City:  | State: | ZIP Code:      |
|                            | Daytime Phone: (____) _____  |        | Email Address: |

|  |  |  |
|--|--|--|
| Complete ALL fields below with <u>exact</u> and <u>complete</u> information. |  | <input type="checkbox"/> <b>Paternity Verification Letter</b> (Copy of Parent ID required). Court activities such as custody, parenting plan or child support may require a paternity verification letter AND a birth certificate. |
| <b>Birth Certificate Request</b>   | Number of Certificates Ordering _____  |  |
| Full Name on Certificate:  | (First) _____ (Full Middle Name) _____ (Last Name) _____                         |  |
| **Date of Birth:   | (MM/DD/YYYY) _____   | City or County of Birth: _____   |
| Mother/Parent Birth Name:  | (First) _____ (Full Middle Name) _____ (Last Name Prior to First Marriage) _____ |  |
| Father/Parent Birth Name:  | (First) _____ (Full Middle Name) _____ (Last Name Prior to First Marriage) _____ | <input type="checkbox"/> Not Listed  |

|  |  |
|--|--|
| <b>Death Certificate Request</b>                     | Number of Certificates Ordering _____                    |
| Name on Certificate:                                 | (First) _____ (Full Middle Name) _____ (Last Name) _____ |
| **Approximate Date of Death or 10-year search range: | Date of Birth, if known: _____                           |
| City or County of Death:                             | Spouse, if known: _____                                  |

### Complete payment and mailing information below:

|   |                      |          |
|---|----------------------|----------|
| Total number of certified certificates:   | x \$20 =             |          |
| +Total number of Heirloom Birth Certificates:                                       | x \$45 =             |          |
| Fee for filing a Paternity Acknowledgment OR an Adoption <input type="checkbox"/>   | \$15 =               |          |
| Paternity Verification Letter (copy of parent ID required) <input type="checkbox"/> | \$15 =               |          |
| Apostille: _____ (name of country requesting document)                              | x \$15 =             |          |
| First Class Mail <input type="checkbox"/>   | No additional charge |          |
| *USPS Express Mail Delivery (street address or P.O. Box) <input type="checkbox"/>   | \$18.30 =            |          |
| *FedEx to continental US (no P.O. Box) <input type="checkbox"/>                     | \$15 =               |          |
| *FedEx to AK/HI/Canada/Mexico (no P.O. Box) <input type="checkbox"/>                | \$25 =               |          |
| <b>TOTAL AMOUNT DUE</b>   |                      | \$ _____ |

**Make checks or money  
orders payable to  
DOH.**

**MAIL ORDERS TO:  
Department of Health  
P.O. Box 9709  
Olympia, WA  
98507-9709**

\*Additional charges for express delivery are per order, not per certificate.  
 \***Adult Signature** is required at time of delivery for USPS Express Mail & FedEx orders.  
 +Go to our website at [www.doh.wa.gov](http://www.doh.wa.gov) for information on Heirloom Birth Certificates.