

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

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| Instructions | <ul style="list-style-type: none"> Print clearly. **We issue certificates for births and deaths that occurred in Washington State only, after July 1, 1907. For a birth or death before July 1, 1907, contact the local health department where the event occurred. We only accept checks or money orders for mail orders. Do not send cash or credit card information. \$20 per certificate. If adopted, provide your adoptive name and adoptive parents' information. Visit www.doh.wa.gov 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. |
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|----------------------------|--|--------|----------------|
| Contact Information | Name of person ordering certificate(s): | | |
| | Company name (if applicable): | | |
| | Address sending certificate(s) to: (Street address required for FedEx orders) | | |
| | City: | State: | ZIP Code: |
| | Daytime Phone: (____) _____ | | Email Address: |

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|--|--|--------------------------|-------------------------------------|
| Complete ALL fields below with <u>exact</u> and <u>complete</u> information. | | | |
| Birth Certificate Request | 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 |

| | | | |
|--|--|--------------------|-------------|
| Death Certificate Request | 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:

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| Total number of certified certificates: _____ | x \$20 = \$ |
| +Total number of Heirloom Birth Certificates: _____ | x \$45 = \$ |
| Fee for filing an Acknowledgment of Parentage <input type="checkbox"/> | \$18 = \$ |
| Fee for filing an Adoption <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 = \$ |
| TOTAL AMOUNT DUE \$ | |

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 Federal Express orders.
+Go to our website at www.doh.wa.gov for information on Heirloom Birth Certificates.