

## 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>
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<b>Contact Information</b>	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:

Complete ALL fields below with <u>exact</u> and <u>complete</u> information.			
<b>Birth Certificate Request</b>	<b>Number of Certificates Ordering</b> _____		
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>	<b>Number of Certificates Ordering</b> _____		
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 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"/>	\$25.50 = \$
**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 Federal Express orders.  
+Go to our website at [www.doh.wa.gov](http://www.doh.wa.gov) for information on Heirloom Birth Certificates.