



Center for Health Statistics
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Olympia, Washington 98507-9709
360-236-4300
PublicBirthCorrections@doh.wa.gov

Birth Parent Request for Original Birth Certificate from Adoption Sealed File

I am a Birth Parent requesting a copy of my child's birth certificate before adoption.

Complete this form with information before the adoption.

Adoptee Name on Birth Certificate
First Full Middle Name Last Name

Adoptee Date of Birth mm/dd/yyyy Adoptee place of birth City or County

Complete your name as it appears on the child's original (pre-adoption) birth certificate. Include your birth name and any other names used either at the time of birth or relinquishment.

Birth Mother/Parent Birth Name
First Full Middle Name Birth/Maiden Last Name

Birth Father/Parent Birth Name (if applies)
First Full Middle Name Birth/Maiden Last Name

I would like to know if there is a Certified Statement on file stating the adoptees' desire to be contacted. I would like the county the adoption was finalized in and the case number. If you request a court appointed Confidential Intermediary (RCW 26.33.343) in the future, let them know you have this information.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and I am the birth parent named in the record.

Signature of Birth Parent Date

Current Legal Name
First Full Middle Name Last Name

Current Phone Number (including area code) ()

Current Email Address

Current Mailing Address
PO Box or Street

City State Zip Code

This request must include:

- A copy of your current photo identification (Driver's license or State ID card)
A \$15 check or money order payable to Department of Health