



MAIL-IN CERTIFICATE REQUEST FORM

Requestor's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Email Address _____

Birth Certificates EXACT INFORMATION REQUIRED

_____ Certified Birth Certificates x \$20.00 _____ Paternity Sealed Files x \$15.00

_____ Heirloom Birth Certificates x \$40.00 _____ Adoption Sealed Files x \$15.00

Name on Record (first middle & last) _____

Exact Date of Birth _____ City or County of Birth _____

Mother's (first middle & **MAIDEN LAST**) Name _____

Father's (first middle & last) Name (or "not named") _____

Death Certificates

_____ Certified Death Certificates x \$20.00

Name on Record _____

Approximate Date of Death _____ City or County of Death _____

Date of Birth (if known) _____ Spouse (if known) _____

Marriage & Divorce Certificates

_____ Marriage Certificates x \$20.00 _____ Divorce Certificates x \$20.00

Husband's Name _____

Wife's Maiden Name _____

Approximate Date of Marriage _____ Licensing County _____

Approximate Date of Divorce _____ Filing County _____

Total # of Certified Copies _____ x \$20.00 _____

Total # of Heirloom Copies _____ x \$40.00 _____

Total # of Sealed Files _____ x \$15.00 _____

Acceptable forms of payment:
Check or MO
 Payable to DOH
 Mail to:



PO Box 9709
Olympia WA 98507-9709
(360) 236-4300

First Class Mail (allow 4-6 weeks for delivery) *no additional charge*

Express Mail Delivery (street address or PO Box) \$16.25 _____

Federal Express Delivery (street address only) \$12.00 _____

Fed Ex to AK/HI/Canada/Mexico (street address only) \$24.00 _____

TOTAL AMOUNT DUE \$ _____