Center for Health Statistics
PO Box 9709
Olympia, Washington 98507-9709
360-236-4300 Opt 3 then Opt 2
Adoptions@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_____ Adoptee place of birth_____
mm/dd/yyyy 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**