

**ORDER FOR CERTIFIED COPY OF BIRTH CERTIFICATE**  
 FOR ALL PERSONS BORN IN SEATTLE OR KING COUNTY (ALL YEARS)  
 ALSO ALL WASHINGTON STATE BIRTHS REGISTERED FROM 1923 FORWARD

**VITAL STATISTICS**  
 Public Health - Seattle & King County  
 KING CO. ADMIN. BLDG., RM. 214  
 500 - 4<sup>th</sup> Ave., Seattle, Washington 98104  
 (206) 296-4769

QTY. \_\_\_\_\_ CERTIFIED COPY @ \$20.00 EA. = \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO **VITAL STATISTICS** TOTAL ENCLOSED \$ \_\_\_\_\_

Name of Child:		First	Middle	Last
Birthdate:		City of birth:		
Hospital:			If adopted child, check here <input type="checkbox"/>	
Full Name of Father:		First	Middle	Last
Full Name of Mother:		First	Middle	Last <b>(Birth/Maiden)</b>
SIGNED:			DATE:	
RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED?				
<input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (SPECIFY):				
<i>Please Note: Any time a record is searched for and not found, an \$8.00 search fee is charged per the Revised Code of Washington (RCW 70.58.107).</i>				

**BIRTH**

**OFFICE USE ONLY**

CK. MO. <input type="checkbox"/> CASH <input type="checkbox"/>	_____
AMT. RC'D \$ _____	_____
INDEX NO. YR. REC. SRCH. <input type="checkbox"/>	_____
ISSUED DATE	_____

Name and address of person requesting certified copy:

<b>PLEASE PRINT</b>	NAME
	STREET AND NUMBER
	CITY STATE ZIP CODE
	TELEPHONE NO.