

CENTER FOR HEALTH STATISTICS MAIL-IN 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 Filing Fee x \$15.00

_____ Heirloom Birth Certificates x \$40.00 _____ Adoption Filing Fee x \$15.00

_____ Obtain Certified Copy of Completed Paternity Affidavit x \$35.00 (with photocopy of parent ID)

Name on Record (first middle & last) _____

Exact Date of Birth _____ City or County of Birth _____

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

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

Death Certificates

_____ Certified Death Certificates x \$20.00

Name on Record _____

Approximate Date of Death _____ Date of Birth (if known) _____

City or County of Death _____ 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 Filing Fees _____ x \$15.00 _____

Total # of Completed Paternity Affidavits _____ x \$35.00 _____

First Class Mail (allow 3-4 weeks for delivery) *no additional charge*

Express Mail Delivery (street address or PO Box) \$17.50 _____

Federal Express Delivery (street address only) \$15.00 _____

Fed Ex to AK/HI/Canada/Mexico (street address only) \$25.00 _____

Acceptable forms of payment:

Check or MO

Payable to **DOH**

Mail to:



PO Box 9709

Olympia WA 98507-9709

(360) 236-4300

TOTAL AMOUNT DUE \$ _____