

Instructions for Adoption Registration Form

Carefully read these instructions before completing and submitting the Adoption Registration Form. The Center for Health Statistics registers and maintains birth records for adoptees born in Washington state and adoptees born outside the United States and adopted in Washington. Chapter 26.33 RCW regulates adoption in Washington, and RCW 70.58A.400 outlines adoption registration requirements.

Checklist for submitting the Adoption Registration Form:

- Complete all fields on the adoption registration form.
- Nonrefundable \$15* adoption registration fee.
- A *certified* copy of the **adoption decree** from a Washington state court or **adoption report** if the adoption went through a different state or U.S. territory court.
 - The decree must include the following information:
 1. Adoptee's full name on birth certificate before this adoption.
 2. Adoptee's full name after this adoption.
 3. Adoptee's date of birth **and** place of birth.
 4. Full name of each petitioner.
 5. Petitioner(s) marital status – married couple, stepparent, domestic partnership, or single parent.

Items to include if purchasing a certified birth certificate:

- Nonrefundable fee of \$25* for each certified copy of the amended birth certificate.
- Copy of the requestor's identification. Note, the requestor can be the adoptee, adoptive parents, or the attorney listed on the adoption decree or report of adoption.
- Complete all fields on the [birth certificate order form](#), including requestor's signature and date.
 - Use the adoptee's new names and adoptive parents' names that will be listed on the new birth certificate.

Send all order forms, documents, and payment* to:

Attn: Adoptions
Center for Health Statistics
PO Box 9709
Olympia, WA 98507

What form of payment* is accepted?

We accept checks or money orders for requests mailed to DOH. Make sure your check or money order is made payable to DOH.
*You can combine all payments submitted at the same time in one check or money order.

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98501). If filling in the form by hand, please print clearly to avoid delay in processing.

Important note: no refunds will be given if we cannot register the adoption, a record could not be located, or the documentation you provided did not prove your eligibility to receive a birth certificate.

Helpful tip: To confirm DOH received your order over the phone, we need:

- For Checks: Check number, date cashed (check with your banking institution before calling DOH), and name on the check.
- For Money Orders: Money order number and date cashed (call the number provided on your money order receipt).

For more information about vital records, please visit our website at <https://www.doh.wa.gov/vitalrecords>.

Application for Adoption Registration

Complete in ink

Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709
360-236-4300
Adoptions@doh.wa.gov
Fee: \$15 processing fee

For Official Use Only

Sealed File #: _____

State File #: _____

Child – Original Birth Certificate Information			
Child's First Name		Child's Date of Birth MM / DD / YYYY	
Middle Name		City of Birth	
Last Name		State of Birth (Country, if born outside the U.S.)	
Name of Hospital or Location where child was born		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mother/Parent Name First Name Full Middle Name Birth/Maiden Last Name			
Father/Parent Name, if known First Name Full Middle Name Birth/Maiden Last Name			
Child's Name After Adoption			
Child's New First Name	Child's New Middle Name	Child's New Last Name	
Adoptive Parent(s)			
This information is required to create a new birth certificate, even if one parent is the birth parent			
Preferred Parent Label: <input type="checkbox"/> Mother/Father <input type="checkbox"/> Parent/Parent			
Mother's/Parent's name on their own birth certificate First Name Full Middle Name Birth/Maiden Last Name			
Mother/Parent Date of Birth MM / DD / YYYY		State of Birth (Country, if born outside the United States)	
Father/Parent Name First Name Full Middle Name Birth/Maiden Last Name			
Father/Parent Date of Birth MM / DD / YYYY		State of Birth (Country, if born outside the United States)	
Legal Information			
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Domestic Partnership
Attorney's Name (First/Middle/Last)		Attorney's Phone Number ()	
Attorney's Street Address		Attorney's Email address	
City	State	Zip	
Final Date of Decree MM / DD / YYYY	County of Decree	Case Number	
Mailing Address			
Send Certified Copy of New Birth Certificate to:		Current Parent(s) Mailing Address:	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	