



GETTING CONFIDENTIAL INFORMATION FROM YOUR BIRTH CERTIFICATE

A law was passed in 2009 (Substitute House Bill 1510) that allows a person to obtain certain items from the confidential section of their own birth certificate. There are a few requirements that have been listed in rule (WAC 246-491-039) on how to apply and what information you may receive.

- 1) You may only request information from your own birth certificate.
- 2) You must provide proof of identity.
 - You must show a government-issued ID with:
 - Your name
 - Your date of birth
 - Your photograph
 - Your signature and,
 - Your physical description

If you are not applying in person, you must have your signature notarized on the application (see the reverse side of this form).

- If your name has been changed since birth, you must provide a copy of a legal document showing the change, such as a marriage certificate or a court order for a legal name change.
- 3) The law also states that you will only receive information about yourself. Information about your mother or father is still restricted. The following items will be provided, as available on your birth record:
 - Newborn medical record number
 - Birth weight
 - Infant head circumference
 - Estimated gestational age
 - Apgar scores
 - Was the infant transferred within 24 hours of delivery?
 - Abnormal conditions of the newborn
 - Congenital anomalies of the newborn
 - 4) You must complete the application on the reverse side of this form.



APPLICATION FOR CONFIDENTIAL BIRTH INFORMATION

Birth Information (all information must be accurate and complete):

Child's First Name _____

Child's Middle Name(s) _____

Child's Last Name _____

Date of Birth _____

Place of Birth (City or County) _____

Mother's Full Maiden Name _____

Father's Full Name _____

Name of Applicant:

Full Mailing Address of Applicant

Phone Number of Applicant _____

NOTE: *If you are not applying in person* you must sign this application form and have your signature notarized.

Signature X	<i>Void Without Notary Seal Here</i>
Signed and sworn before me on _____ by _____ Print - Name	
Signature of Notary Public Print - Notary Name My appointment expires:	

*Please send the identification documents and this form to:
Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300*