



**Center for Health Statistics**  
 PO Box 47814  
 Olympia, Washington 98504-7814  
 360-236-4300 Opt 3 then Opt 2  
[Adoptions@doh.wa.gov](mailto:Adoptions@doh.wa.gov)

**Adoptee Consent or Refusal of Release of Identifying Information**

We need the following information to find and match this request with existing records. We may not be able to process your request if the information is missing or inaccurate.

Complete the form based on the adoptive information.

Adoptee Name \_\_\_\_\_  
First Full Middle Name Last Name

Adoptee Date of Birth \_\_\_\_\_ Adoptee place of birth \_\_\_\_\_  
mm/dd/yyyy City or County

Adopted Mother/Parent Birth Name \_\_\_\_\_  
First Full Middle Name Birth/Maiden Last Name

Adopted Father/Parent Birth Name \_\_\_\_\_  
 (if applies) First Full Middle Name Birth/Maiden Last Name

**Contact information**

**I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I am the adoptee named in the record and I am age 18 or over as of the date this request. I request that you place this form in my sealed adoption file.**

Signature of Adoptee \_\_\_\_\_ Date \_\_\_\_\_

Current Legal Name \_\_\_\_\_  
First Full Middle Name Last Name

Current Mailing Address \_\_\_\_\_  
PO Box or Street

\_\_\_\_\_  
City State Zip Code

Current Phone (\_\_\_\_\_) \_\_\_\_\_ Current Email \_\_\_\_\_

If you choose not to be contacted, the information above will not be released to anyone except by court order. You may change your contact preference by submitting a new form at any time.

**What are your preferences?**

**Select all that apply**

- I desire to be contacted by my biological parent, biological sibling or other biological relatives or a confidential intermediary appointed under RCW 26.33.343.
- I consent to the release of any identifying information to a confidential intermediary appointed under RCW 26.33.343, to my biological parent, biological sibling or other biological relative.
- I do not consent to the release of any identifying information to my biological parents, biological siblings, other biological relatives and I do not wish to be contacted by a confidential intermediary except in the case of a medical emergency as determined by a court of competent jurisdiction.