



**Center for Health Statistics**  
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 Olympia, Washington 98507-9709  
 360-236-4300  
[Adoptions@doh.wa.gov](mailto:Adoptions@doh.wa.gov)

**Adoptee Request for Original Birth Certificate from Adoption Sealed File**

- I am an adopted person born in Washington State and I am 18 years of age or older as of the date of this request. I am requesting a copy of my birth certificate before adoption.
- I would like to know the county the original adoption was finalized in and the case number. If you request a court-appointed confidential intermediary (RCW 26.33.343) in the future, let them know you have this information.
- If any adoptions took place after the original adoption, I would like to know the county each adoption was finalized in and the case number for the adoption.

Adoptee Name on Current Birth Certificate \_\_\_\_\_  
First Full Middle Name Last Name

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

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

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

If your birth parent has filed a contact preference form, it may affect the information you receive from us. Visit [www.doh.wa.gov](http://www.doh.wa.gov) for more information.

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**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 of this request.**

Signature of Adoptee \_\_\_\_\_ Date \_\_\_\_\_  
**(Required)**

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

Current Phone Number (including area code) (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

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

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

**This request must include:**

- **A copy of your current photo identification (Driver's license or State ID card)**
- **A \$20 check or money order payable to Department of Health**