



**Center for Health Statistics**  
 PO Box 9709  
 Olympia, Washington 98507-9709  
 360-236-4300 Opt 3 then Opt 2  
[Adoptions@doh.wa.gov](mailto:Adoptions@doh.wa.gov)

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

I am a Birth Parent requesting a copy of my child’s birth certificate before adoption.

**Complete this form with information before the adoption.**

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

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

**Complete your name as it appears on the child’s original (pre-adoption) birth certificate. Include your birth name and any other names used either at the time of birth or relinquishment.**

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

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

I would like to know if there is a Certified Statement on file stating the adoptees’ desire to be contacted. I would like the county the 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.



**I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct and I am the birth parent named in the record.**

Signature of Birth Parent \_\_\_\_\_ Date \_\_\_\_\_

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

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

Current 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 \$15 check or money order payable to Department of Health**