

Instructions for Marriage and Divorce Certificate Order Form

Carefully read these instructions before completing and submitting the Marriage and Divorce Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires applicants to provide required information to order marriage and divorce certificates. Our office has marriage and divorce records from 1968 to present that occurred in the state of Washington.

Checklist for completing the Marriage and Divorce Certificate Order Form:

- Complete all fields on the Marriage and Divorce Certificate order form
- Check or money order made payable to DOH
- Send the order form and nonrefundable payment to:

Department of Health
Center for Health Statistics
PO Box 9709
Olympia, WA 98507

What information is required for marriage and divorce records?

The following information is required as it appears on the record:

- First and last name of one of the parties on the record
- Approximate date the event occurred (month and year)
- City or county where the event was filed

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 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

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.

Important note: no refunds will be given if a record could not be located.

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

- For Checks: Check number, date it was cashed (check with your banking institution before calling DOH), and name on the check
- For Money Orders: Money order number and date it was cashed (to find this date 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/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce>.



DOH 422-104 February 2021

MARRIAGE/DIVORCE CERTIFICATE MAIL ORDER FORM

REGISTER
VALIDATION SPOT

DO NOT USE ANY UNAPPROVED THIRD PARTY VENDOR TO OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

MAIL ORDERS TO:
Department of Health
PO BOX 9709
OLYMPIA WA 98507-9709

**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: DOH
NO REFUNDS**

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	CITY:	STATE:	ZIP CODE:	COUNTRY
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

**COMPLETE PERSON A AND PERSON B INFORMATION BELOW, TO THE BEST OF YOUR KNOWLEDGE.
EXACT DATE OR COUNTY INFORMATION NOT REQUIRED.**

**MARRIAGE & DIVORCE CERTIFICATES ARE NOT AVAILABLE FOR ISSUANCE UNTIL 3 MONTHS AFTER THE EVENT WAS FINALIZED WITH THE COUNTY*.*

MARRIAGE RECORD DETAILS	PERSON A	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
		LAST NAME PRIOR TO FIRST MARRIAGE: (IF DIFFERENT)		CIRCLE ONE: BRIDE, GROOM, SPOUSE
	PERSON B	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
		LAST NAME PRIOR TO FIRST MARRIAGE: (IF DIFFERENT)		CIRCLE ONE: BRIDE, GROOM, SPOUSE
	APPROXIMATE DATE OF MARRIAGE: (MONTH & YEAR - 1968 to present only)			LICENSING COUNTY:

TOTAL NUMBER OF MARRIAGE CERTIFICATES ORDERING: []

DIVORCE RECORD DETAILS	PERSON A	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
		LAST NAME PRIOR TO FIRST MARRIAGE: (IF DIFFERENT)		CIRCLE ONE: BRIDE, GROOM, SPOUSE
	PERSON B	FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
		LAST NAME PRIOR TO FIRST MARRIAGE: (IF DIFFERENT)		CIRCLE ONE: BRIDE, GROOM, SPOUSE
	APPROXIMATE DATE OF DIVORCE: (MONTH & YEAR - 1968 to present only)			FILING COUNTY:

TOTAL NUMBER OF DIVORCE CERTIFICATES ORDERING: []

FEES: Check the box to select order type then enter the quantity.				
<input type="checkbox"/> Total number of CERTIFIED certificates		x	=	
<input type="checkbox"/> APOSTILLE: (Indicate country requesting document here)		x	=	
SHIPPING: (expedited shipping does <u>NOT</u> mean expedited processing)				
<input type="checkbox"/> First Class Mail: (No additional charge)		x	=	
<input type="checkbox"/> *USPS Express Mail Delivery: (street address or PO Box)		x	=	
<input type="checkbox"/> **FedEx to continental US: (no PO Box)		x	=	
<input type="checkbox"/> FedEx to AK/HI/Canada/Mexico: (no PO Box)		x	=	
TOTAL AMOUNT DUE				
(ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)				

FOR OFFICE USE ONLY			
<input type="checkbox"/> NM	<input type="checkbox"/> NI	<input type="checkbox"/> NR	<input type="checkbox"/> SIE
<input type="checkbox"/> MD	<input type="checkbox"/> MR	<input type="checkbox"/> NQ	<input type="checkbox"/> IA
<input type="checkbox"/> CALLED	DATE:	INITIALS:	
<input type="checkbox"/> EMAILED	DATE:	INITIALS:	
<input type="checkbox"/> LETTER SENT	DATE:	INITIALS:	
OTHER:			
APOSTILLE			
<input type="checkbox"/> VERIFIED	DATE:	INITIALS:	
<input type="checkbox"/> SENT TO SOS	DATE:	INITIALS:	
<input type="checkbox"/> NOTATED IN WHALES	FEE#		
COUNTRY:			

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov