

Washington State Department of Health Parentage Verification Order Form

Instructions	<ul style="list-style-type: none"> Print clearly. We only accept checks or money orders for mail orders. Do not send cash or credit card information. \$15 per verification. All requests require a copy of the requestors ID (must be the signatory of the requested original document). Only the signatories of the Acknowledgment of Parentage form may request a Parentage Verification Letter (also known as CBRI letter). Visit www.doh.wa.gov for more information and ordering options or call 360-236-4300, Monday through Friday between 8:30 a.m. and 5 p.m. Pacific Time.
---------------------	--

Contact Information	Name of person ordering verification(s):		
	Address sending verification(s) to: (Street address required for FedEx orders)		
	City:	State:	ZIP Code:
	Daytime Phone: (____) _____		Email Address:

Complete ALL fields below with <u>exact</u> and <u>complete</u> information. This required information must match current information on the birth record.				
Full Name on Certificate:	(First Name)	(Full Middle Name)	(Last Name)	
Date of Birth:	(MM/DD/YYYY)	City or County of Birth:		
Mother/Parent Birth Name:	(First Name)	(Full Middle Name)	(Last Name Prior to First Marriage)	
Father/Parent Birth Name:	(First Name)	(Full Middle Name)	(Last Name Prior to First Marriage)	<input type="checkbox"/> Not Listed

***** All requests require a copy of the requestors ID (must be the signatory of the requested original document) *****

Complete payment and mailing information below:

Total number of Parentage Verification (also known as CBRI) letters: _____ x \$15 = \$ _____

Total number of filed Assertion of Parentage form copies: _____ x \$15 = \$ _____

Total number of filed Denial of Parentage form copies: _____ x \$15 = \$ _____

Total number of filed Acknowledgment of Parentage form copies: _____ x \$15 = \$ _____

Total number of filed Rescission of Parentage form copies: _____ x \$15 = \$ _____

Apostille: _____ (name of country requesting document) : _____ x \$15 = \$ _____

First Class Mail No additional charge

*USPS Express Mail Delivery (street address or P.O. Box) \$25.50 = \$ _____

**FedEx to continental US (no P.O. Box) \$15 = \$ _____

FedEx to AK/HI/Canada/Mexico (no P.O. Box) \$25 = \$ _____

TOTAL AMOUNT DUE \$ _____

*Additional charges for express delivery are per order, not per certificate.
****Adult Signature** is required at time of delivery for Federal Express orders.

Make checks or money orders payable to DOH.

MAIL ORDERS TO:
Department of Health
P.O. Box 9709
Olympia, WA 98507-9709