

Washington State Birth Certificate Order

For certified copies of all Washington State births recorded since 1907,
and Seattle and King County births from all years recorded.

King County Vital Statistics
www.kingcounty.gov/vitalstats
206-897-5100

Pursuant to the Revised Code of Washington 70.58.107, if we cannot fill your order because there is no matching record or because you cannot provide the required information, we are required to charge you an \$8 search fee instead of the \$20 per certificate fee. In that case, we will provide a partial refund to you. However, if your order is for a newborn, we will hold it until the hospital has completed the birth registration and fill your order at that time.

APPLICANT INFORMATION				
YOUR NAME			YOUR DAYTIME PHONE	
YOUR MAILING ADDRESS			YOUR EMAIL ADDRESS	
CITY	STATE	ZIP CODE	COUNTRY (IF NOT USA)	YOUR RELATIONSHIP TO THE PERSON ON THE CERTIFICATE

REQUIRED INFORMATION FOR RECORD RELEASE			PLEASE WRITE <i>NONE</i> WHEN THERE IS NO MIDDLE NAME		
NAME ON RECORD	FIRST NAME(S)	MIDDLE NAME(S)	LAST NAME(S)		
DATE OF BIRTH	CITY OF BIRTH	HOSPITAL (OPTIONAL)			
MOTHER or PARENT 1	FIRST NAME(S)	MIDDLE NAME(S)	LAST NAME(S) PRIOR TO MARRIAGE		
FATHER or PARENT 2	FIRST NAME(S)	MIDDLE NAME(S)	LAST NAME(S)		

CHECK BOX IF THE FATHER NOT LISTED ON THE CERTIFICATE

ORDER BY MAIL (WITH CHECK OR MONEY ORDER)	
MAIL FORM WITH PAYMENT TO:	Vital Statistics Mailbox 359784 325 Ninth Ave Seattle, WA 98104-2499
(Payable to Vital Statistics)	
Number of certificate copies: _____ x \$20.00 = \$ _____	
PLUS HANDLING FEE + \$ 4.00	
Total amount = \$ _____	
Please note: Refunds not issued for less than \$5.00	
ORDER BY MAIL (USING DEBIT OR CREDIT CARD)	
(or order online at www.kingcounty.gov/vitalstats)	
Number of certificate copies: _____ x \$20.00 = \$ _____	
PLUS HANDLING FEE + \$ 12.50	
Total amount = \$ _____	
Card #: _____	Exp: _____
Name on card and billing address is:	
<input type="checkbox"/> same as applicant <input type="checkbox"/> same as shipping or <input type="checkbox"/> as below	
Name on Card	Billing Address

ORDER IN PERSON	
BRING THIS FORM TO:	King County Vital Statistics Harborview Medical Center Ninth & Jefferson Building 908 Jefferson Street, 2 nd Floor Seattle, WA 98104
Number of certified copies: _____ x \$20.00 = \$ _____	
NO OTHER FEES WHEN ORDERING IN PERSON	
OFFICE USE ONLY	
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card	Amount: _____
Received _____	By: _____
Index # _____	
Issued _____	By: _____
Mailed _____	By: _____