



Center for Health Statistics
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Olympia, Washington 98507-9709
360-236-4300
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 mm/dd/yyyy Adoptee place of birth 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 for more information.

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 (Required) Date

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