

## Washington State Department of Health Record Search Mail Order Form

<b>Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Print clearly.</b></li> <li>• We provide searches for events that occurred in <b>Washington State</b> at <b>\$8 per search.</b></li> <li>• *For a birth or death before July 1, 1907, contact the local health department where the event occurred.</li> <li>• +For marriages and divorces before 1968, contact the local County Auditor for marriage or County Clerk for divorce.</li> <li>• We only accept checks or money orders for mail orders. <b>Do not send cash or credit card information.</b></li> <li>• If adopted, provide your adoptive name and adoptive parents' information.</li> <li>• <b>If you want a certified copy of a record you will need to complete a <a href="#">certificate order</a> form and mail it in with the \$20 fee for each certified copy.</b></li> <li>• Visit <a href="http://www.doh.wa.gov">www.doh.wa.gov</a> 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.</li> </ul>
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<b>Contact Information</b>	Name of person requesting search(s):		
	Mailing Address:		
	City:	State:	ZIP Code:
	Daytime Phone: (_____) _____		Email Address:

Complete ALL fields below with exact and complete information:

<b>Birth Search Request</b>	Number of searches ordering_____		
Full Name on Record:	(First)	(Full Middle Name)	(Last)
*Date of Birth:	(MM/DD/YYYY)	City or County of Birth:	
Father/Parent Birth Name:	(First)	(Full Middle Name)	(Last Name Prior to First Marriage) <input type="checkbox"/> Not Listed
Mother/Parent Birth Name:	(First)	(Full Middle Name)	(Last Name Prior to First Marriage)

<b>Death Search Request</b>	Number of searches ordering_____		
Name on Certificate:	(First)	(Full Middle Name)	(Last)
*Approximate Date of Death or 10-year search range:		Date of Birth, if known:	
City or County of Death:		Spouse, if known:	

<b>Marriage or Divorce Search Request</b>	+For marriages and divorces prior to January 1, 1968, contact the local County Auditor for marriage or local County Clerk for divorce.	Number of searches ordering_____
Person A Name:	(First)	(Full Middle Name) (Last Name Prior to First Marriage)
Person B Name:	(First)	(Full Middle Name) (Last Name Prior to First Marriage)
+Approximate Date of Marriage or 10-year search range:		Licensing County:
+Approximate Date of Divorce or 10-year search range:		Filing County:

Make checks or money orders payable to DOH.

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

**Complete payment and mailing information below:**

Total number of searches: \_\_\_\_\_ x \$8 = \$ \_\_\_\_\_