

# Washington State Department of Health Marriage / Divorce Certificate Mail Order Form

<b>Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Print clearly.</b></li> <li>• +We issue certificates for marriages and divorces that took place in <b>Washington State</b> only, <b>after January 1, 1968.</b></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>• \$20 per certificate.</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 ordering certificate(s):		
	Company name (if applicable):		
	Address sending certificate(s) to: (Street address required for FedEx Orders)		
	City:	State:	ZIP Code:
	Daytime Phone: (____) _____		Email Address:

Complete Person A and Person B information below, to the best of your knowledge. Exact date or county information not required.

<b>Marriage Certificate Request</b>		<b>Number of Certificates Ordering</b> _____
<b>Person A</b>	Legal Name <u>Before</u> Marriage: _____ (First) (Full Middle Name) (Last)	
	Last Name Prior to First Marriage (if different): _____	Circle one: Bride, Groom, Spouse
<b>Person B</b>	Legal Name <u>Before</u> Marriage: _____ (First) (Full Middle Name) (Last)	
	Last Name Prior to First Marriage (if different): _____	Circle one: Bride, Groom, Spouse
+Approximate Date of Marriage or 10-year search range: _____		Licensing County: _____

<b>Divorce Certificate Request</b>		<b>Number of Certificates Ordering</b> _____
<b>Spouse A</b>	Name Listed on Divorce Decree: _____ (First) (Full Middle Name) (Last)	
	Last Name Prior to First Marriage (if different): _____	Circle one: Wife, Husband, Spouse
<b>Spouse B</b>	Name Listed on Divorce Decree: _____ (First) (Full Middle Name) (Last)	
	Last Name Prior to First Marriage (if different): _____	Circle one: Wife, Husband, Spouse
+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 certified certificates: \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_  
Apostille: \_\_\_\_\_ (name of country requesting document) \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

First Class Mail (allow 2-3 weeks for delivery) ☐ no additional charge  
\*USPS Express Mail Delivery (street address or P.O. Box) ☐ \$18.30 = \$ \_\_\_\_\_  
\*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 mailed, not per certificate.  
\***Adult Signature** is required at time of delivery for USPS Express Mail and FedEx Orders.