

Acceptable forms of payment:

Cash, Check or MO

payable to **DOH**



101 Israel Rd SE
Tumwater WA 98501
(360) 236-4300

*We can not process credit or debit cards
over the counter.*

CENTER FOR HEALTH STATISTICS COUNTER REQUEST FORM

Requestor's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Email Address _____

Birth Certificates EXACT INFORMATION REQUIRED

_____ Certified Birth Certificates x \$20.00 _____ Paternity Filing Fee x \$15.00

_____ Heirloom Birth Certificates x \$40.00 _____ Adoption Filing Fee x \$15.00

_____ Obtain Certified Copy of Completed Paternity Affidavit x \$35.00 (with photocopy of parent ID)

Name on Record (*first middle & last*) _____

Exact Date of Birth _____ City or County of Birth _____

Father's (*first middle & last*) Name (or "not named") _____

Mother's (*first middle & MAIDEN LAST*) Name _____

Death Certificates

_____ Certified Death Certificates x \$20.00

Name on Record _____

Approximate Date of Death _____ Date of Birth (if known) _____

City or County of Death _____ Spouse (if known) _____

Marriage & Divorce Certificates

_____ Marriage Certificates x \$20.00 _____ Divorce Certificates x \$20.00

Husband's Name _____

Wife's Maiden Name _____

Approximate Date of Marriage _____ Licensing County _____

Approximate Date of Divorce _____ Filing County _____