Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
360-236-4300 Select option 3, then option 2
Adoptions@doh.wa.gov

APPLICATION FOR ADOPTION REGISTRATION

Complete in ink

Child – Original Birth Certificate Information

Child's First Name	Child's Date of Birth MM / DD / YYYY
Middle Name	City of Birth
Last Name	State of Birth (Country, if born outside the United States)
Name of Hospital or Location where child was born	Sex ☐ Female ☐ Male

Mother/Parent Name
First Name | Full Middle Name | Birth/Maiden Last Name

Father/Parent Name, if known
First Name | Full Middle Name | Birth/Maiden Last Name

Adoptive Parent(s)

This information is required and will be used to create a new birth certificate even if one parent is the birth parent

Mother/Parent Name or Other Parent
First Name | Full Middle Name | Birth/Maiden Last Name

Mother/Parent Date of Birth MM / DD / YYYY	State of Birth (Country, if born outside the United States)

Father/Parent Name or Other Parent (before first marriage)
First Name | Full Middle Name | Birth/Maiden Last Name

Father/Parent Date of Birth MM / DD / YYYY	State of Birth (Country, if born outside the United States)

Child's Name After Adoption

Child's New First Name	Child's New Middle Name	Child's New Last Name

Legal Information

☐ Step Parent ☐ Single Parent ☐ Married Couple ☐ Domestic Partnership

Attorney's Name (First/Middle/Last)	Attorney's Phone Number ( )
Attorney's Street Address	Attorney's Email address

City	State	Zip

Final Date of Decree MM / DD / YYYY	County of Decree	Cause Number

Mailing Address

Mail Certified Copy of new Birth Certificate to:	**Current Parent(s) Mailing Address:**
Name	Name
Address	Address
City, State, Zip	City, State, Zip