



Washington State Department of Health

Record Search Mail Order Form

Instructions	<ul style="list-style-type: none"> Print clearly. We provide searches for events that occurred in Washington State at \$8.00 per search. For a birth or death before July 1, 1907, contact the local health department where the event occurred. We only accept checks or money orders for mail orders. Do not send cash or credit card information. If adopted, provide your adoptive name and adoptive parents' information. If you want a certified copy of a record you will need to complete a certificate order form and mail it in with the \$20.00 fee for each certified copy. Visit www.doh.wa.gov for more information and ordering options or call 360-236-4300, Monday through Friday between 8:00 a.m. and 5:00 p.m. Pacific Time.
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Contact Information	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:

Birth Search Request	Number of searches ordering _____		
Full Name on Record:	(First)	(Full Middle Name)	(Last)
Date of Birth (Month/Day/Year): (7/1/1907 – present)	City or County of Birth:		
Father/Parent Birth Name:	(First)	(Full Middle Name)	(Birth/Maiden Last Name) <input type="checkbox"/> Not Listed
Mother/Parent Birth Name:	(First)	(Full Middle Name)	(Birth/Maiden Last Name)

Death Search Request	Number of searches ordering _____		
Name on Certificate:	(First)	(Middle)	(Last)
Approximate Date of Death or 10 year search range (7/1/1907 – present):	Date of Birth, if known:		
City or County of Death:	Spouse, if known:		

Marriage or Divorce Search Request	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)	(Middle)	(Birth/Maiden Last)
Person B Name:	(First)	(Middle)	(Birth/Maiden Last)
Approximate Date of Marriage or 10-year Search Range (1968-present):	Licensing County:		
Approximate Date of Divorce or 10-year Search Range (1968-present):	Filing County		

Make checks or money orders payable to DOH.

MAIL ORDERS TO:
 Department of Health
 PO Box 9709
 Olympia WA
 98507-9709

Complete payment and mailing information below:

Total number of searches: _____ x \$8.00 = \$ _____