



DOH 422-163 April 2023

Washington State Department of Health Parentage Verification Order Form

Instructions	<ul style="list-style-type: none"> Print clearly. \$15 per verification. We only accept checks or money orders for mail-in orders. Do not send cash or credit card information. All requests require a copy of the requestors ID (must be the signatory of the requested original document). Only the signatories of the Acknowledgment of Parentage form may request a Parentage Verification Letter (also known as CBRI letter). Visit www.doh.wa.gov/vitalrecords for more information and ordering options.
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Contact Information	Name of person ordering verification(s):		
	Address sending verification(s) to: (Street address required for FedEx orders)		
	City:	State:	ZIP Code:
	Daytime Phone: (____) _____		Email Address:

Complete ALL fields below with exact and complete information. This required information must match current information on the birth record.			
Full Name on Certificate:	(First Name)	(Full Middle Name)	(Last Name)
Date of Birth:	(MM/DD/YYYY)	City or County of Birth:	
Mother/Parent Birth Name:	(First Name)	(Full Middle Name)	(Last Name Prior to First Marriage)
Father/Parent Birth Name:	(First Name)	(Full Middle Name)	(Last Name Prior to First Marriage) <input type="checkbox"/> Not Listed

***** All requests require a copy of the requestors ID (must be the signatory of the requested original document) *****

Complete payment and mailing information below:			
Total number of Parentage Verification (also known as CBRI) letters:	_____	x \$15 = \$	_____
Total number of filed Assertion of Parentage form copies:	_____	x \$15 = \$	_____
Total number of filed Denial of Parentage form copies:	_____	x \$15 = \$	_____
Total number of filed Acknowledgment of Parentage form copies:	_____	x \$15 = \$	_____
Total number of filed Rescission of Parentage form copies:	_____	x \$15 = \$	_____
Apostille – name of country requesting document: _____:	_____	x \$15 = \$	_____
	First Class Mail	<input type="checkbox"/>	No additional charge
	*USPS Express Mail Delivery (street address or P.O. Box)	<input type="checkbox"/>	\$26.35 = \$ _____
	**FedEx to continental US (no P.O. Box)	<input type="checkbox"/>	\$15 = \$ _____
	**FedEx to AK/HI/Canada/Mexico (no P.O. Box)	<input type="checkbox"/>	\$25 = \$ _____
TOTAL AMOUNT DUE:			\$ _____

*Additional charges for express delivery are per order, not per certificate.
 ****Adult Signature** is required at time of delivery for Federal Express orders.

Make checks or money orders payable to: DOH

Mail Orders to:
 Center for Health Statistics
 P.O. Box 9709
 Olympia, WA 98507-9709