

Center for Health Statistics

PO Box 9709 Olympia, Washington 98507-9709 360-236-4300 Adoptions@doh.wa.gov

Adoptee Request for the Location and Case Number of Adoption

\square If any adoptions took place after the finalized in and the case number for the	•	n, I would like to know	the county each adoption was
Note: If you hire a confidential interme	ediary in the futur	e, please let them know	w you have this information.
Adoptee Name on Current Birth Certific	cate First	Full Middle N	lame Last Name
Adoptee Date of Birth	Adoptee p	lace of birth	
Adoptee Date of Birth			City or County
Adoptive Mother/Parent Birth Name	E'	Folk Middle Alexan	Digit (Maiden Land Name
	First	Full Middle Name	Birth/Maiden Last Name
Adoptive Father/Parent Birth Name			
(if applies)			Birth/Maiden Last Name
(if applies)			Birth/Maiden Last Name
I declare under penalty of perjury un and correct, I am the adoptee named	First Inder the laws of a in the record a	Full Middle Name the state of Washing nd I am age 18 or ove	ton that the foregoing is true er as of the date of this reques
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I declare under penalty of perjury un and correct, I am the adoptee named Signature of Adoptee(Required) Current Legal NameFirst Current Mailing Address City Current Phone Number (including area	nder the laws of d in the record a	the state of Washing and I am age 18 or over Full Middle Name	ton that the foregoing is true er as of the date of this reques

This request must include:

- A copy of your current photo identification (Driver's license or State ID card)
- A \$15 check or money order payable to Department of Health