**Washington State Department of Health**  
**Marriage / Divorce Certificate Mail Order Form**  

**Instructions**
- Print clearly.
- We issue certificates for marriages and divorces that took place in Washington State only, after January 1, 1968.
- For marriages and divorces before 1968, contact the local County Auditor for marriage or County Clerk for divorce.
- We only accept checks or money orders for mail orders. Do not send cash or credit card information.
- $20 per certificate.
- Visit [www.doh.wa.gov](http://www.doh.wa.gov) for more information and ordering options, or call 360-236-4300, Monday through Friday, between 8 a.m. and 5 p.m. Pacific Time.

**Contact Information**
- Name of person ordering certificate(s):
- Company name (if applicable):
- Address sending certificate(s) to:  
- (Street address required for FedEx Orders)
- City:  
- State:  
- ZIP Code:  
- Daytime Phone: (______) ______________________  
- Email Address:

Complete Person A and Person B information below, to the best of your knowledge. Exact date or county information not required.

<table>
<thead>
<tr>
<th>Marriage Certificate Request</th>
<th>Number of Certificates Ordering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person A Legal Name Before Marriage: (First) (Full Middle Name) (Last)</td>
<td></td>
</tr>
<tr>
<td>Last Name Prior to First Marriage (if different):</td>
<td>Circle one: Bride, Groom, Spouse</td>
</tr>
<tr>
<td>Person B Legal Name Before Marriage: (First) (Full Middle Name) (Last)</td>
<td></td>
</tr>
<tr>
<td>Last Name Prior to First Marriage (if different):</td>
<td>Circle one: Bride, Groom, Spouse</td>
</tr>
<tr>
<td>+Approximate Date of Marriage or 10-year search range:</td>
<td>Licensing County:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Divorce Certificate Request</th>
<th>Number of Certificates Ordering</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse A Name Listed on Divorce Decree: (First) (Full Middle Name) (Last)</td>
<td></td>
</tr>
<tr>
<td>Last Name Prior to First Marriage (if different):</td>
<td>Circle one: Wife, Husband, Spouse</td>
</tr>
<tr>
<td>Spouse B Name Listed on Divorce Decree: (First) (Full Middle Name) (Last)</td>
<td></td>
</tr>
<tr>
<td>Last Name Prior to First Marriage (if different):</td>
<td>Circle one: Wife, Husband, Spouse</td>
</tr>
<tr>
<td>+Approximate Date of Divorce or 10-year search range:</td>
<td>Filing County:</td>
</tr>
</tbody>
</table>

Complete payment and mailing information below:
- Total number of certified certificates: x $20 = $  
- Apostille: ______________________ (name of country requesting document) x $15 = $  
- First Class Mail □ no additional charge  
- USPS Express Mail Delivery (street address or P.O. Box) □ $18.30 = $  
- *FedEx to continental US (no P.O. Box) □ $15 = $  
- *FedEx to AK/HI/Canada/Mexico (no P.O. Box) □ $25 = $  
- TOTAL AMOUNT DUE $  

Make checks or money orders payable to DOH.

MAIL ORDERS TO:  
Department of Health  
P.O. Box 9709  
Olympia, WA 98507-9709  

*Additional charges for express delivery are per order mailed, not per certificate.  
*Adult Signature is required at time of delivery for USPS Express Mail and FedEx Orders.