

Center for Health Statistics PO Box 9709 Olympia, WA 98507-9709 360-236-4300 VitalRecordsCorrections@doh.wa.gov

Court Order Legal Name Change Request

Complete in Ink

Complete III IIIk						
Office Use Only						
Court Order Number	Date Filed	Court Type and Location				
Certificate Number	Fee Number	Date Ame	ended	Amendment Number	Staff Initials	
Current Birth Certificate Information						
First Name on Birth Certificate		Date of Birth (MM/DD/YYYY)				
		/ /				
Middle Name on Birth Certificate		City or County of Birth				
Last Name on Birth Certificate		- I				
Mother/Parent Name before First Marriage (First/Middle/Last)						
Father/Parent Name if listed on Birth Certificate (First/Middle/Last)						
Indica	ate Name Change or Cha	nges Est	ablished by th	is Court Order		
☐ Name on Certificate	☐ Mother/Parent Name			☐ Father/Parent Name		
New First Name	New Middle Name	ame New I)		
☐ Name on Certificate	☐ Mother/Parent Name		☐ Father/Parent Name			
New First Name	New Middle Name		New Last Name			
☐ Name on Certificate	☐ Mother/Parent Name		☐ Father/Parent Name			
New First Name	New Middle Name	w Middle Name Nev		New Last Name		
Contact Information						
Name				Daytime Phone (Include Area Code)		
Mailing Address	Email Address					
City, State, Zip Code			I			

A certified copy of the court order must be mailed with this form

The court order will be returned