

Washington State Birth Certificate Order

For certified copies of all Washington State births recorded since 1907,
and Seattle and King County births from all years recorded.

King County Vital Statistics
www.kingcounty.gov/health/vitalstats
206-897-5100

Pursuant to the Revised Code of Washington 70.58.107, if we cannot fill your order because there is no matching record or because you cannot provide the required information, we are required to charge you an \$8 search fee instead of the \$20 per certificate fee. In that case, we will provide a partial refund to you. However, if your order is for a newborn, we will hold it until the hospital has completed the birth registration and fill your order at that time.

APPLICANT NAME AND MAILING ADDRESS					print firmly and clearly - the yellow copy of this form will be your mailing label				
Applicant's Name					Daytime phone				
Street Address					Email address				
City	State	Zip Code	Country (if not USA)		Your relationship to the person on the certificate				

SHIP-TO ADDRESS IF OTHER THAN APPLICANT				
Ship-to Name	Street Address	City	State	Zip Code

CERTIFICATE INFORMATION			all fields are required except hospital – write “none” if no middle name		
Child First Names	Child Middle Names	Child Last Names	Date of Birth	City of Birth	Hospital
Mother/Parent First Names	Mother/Parent Middle Names	Mother/Parent Birth Last Names	Father/Parent First Names	Father/Parent Middle Names	Father/Parent Birth Last Names

FATHER NOT LISTED

PAYMENT OPTIONS	
Pay by check or money order payable to “Vital Statistics”:	
Number of certified copies: <input type="text"/>	x \$20.00 = \$
	+ handling fee \$ 4.00
	Total amount \$
Pay by debit or credit card: complete below, or order online at www.kingcounty.gov/health/vitalstats	
Number of certified copies: <input type="text"/>	x \$20.00 = \$
	+ handling fee \$ 12.50
	Total amount \$
Card #: _____	Exp: _____
Name on card and billing address is:	
<input type="checkbox"/> same as applicant <input type="checkbox"/> same as shipping <input type="checkbox"/> completed below	
Name on Card	Billing Address

OFFICE USE ONLY	
<input type="checkbox"/> Check	<input type="checkbox"/> Cash
<input type="checkbox"/> Credit/Debit	Amount: _____
Received	_____
Index #	NI / PA
Issued	_____
Mailed	_____
Paper #	<input type="checkbox"/> Pick-up

Mail this form to: King County Vital Statistics
Mailbox 359784
325 Ninth Ave
Seattle, WA 98104-2499

Order in person: King County Vital Statistics
Harborview Medical Center
Ninth & Jefferson Building
908 Jefferson Street, 2nd Floor
Seattle, WA 98104