

ADOPTION

SPECIAL INSTRUCTIONS FOR FILING AN ADOPTION

The general instruction sheet that has been provided to you, outlines very important procedures for giving notice to the other party in your case. The instructions below apply only to Adoption cases, and no other civil cases. PLEASE READ THE FOLLOWING INFORMATION IN ADDITION TO THE GENERAL INFORMATION SHEET GIVEN WITH THIS PACKET.

1. There is no filing fee charged for Adoption Petitions. All hearings in these types of cases will be closed hearings
2. This Court has general jurisdiction over petitions regarding tribal members, and exclusive jurisdiction over Indian children residing or domiciled on the Colville Reservation.
3. A child cannot be adopted without: (a) voluntary consent termination of the parents rights certified by a tribal judge; or (b) an order terminating the parental rights of the parents.
4. If the parent(s) wish to voluntarily consent to termination of parental rights, you or they must ask the court for a hearing just for this purpose and the parents must be present. This must be in form of a motion.
5. If the parent does not wish to voluntarily terminate his/her rights, you must ask that the rights be terminated. This must be in form of a motion, and a hearing will be scheduled to hear oral arguments.
6. If the child in question is over the age of 12, he/she must also consent to the adoption.
7. You will be required to participate in a home study regarding the adoption petition. If the home study cannot be done by a tribal program, you must assume the full amount of the cost of the home study, and it will be your responsibility to ask a qualified person or organization to do the home study BEFORE you file your petition.
8. After the Adoption is finalized, the new adoptive parents need to submit a check/money order in the amount of \$35.00, payable to DEPARTMENT OF HEALTH and completely fill out the application for adoption registration that is included in this packet. This allows the court to start the process of ordering the new birth certificate.

ALL OTHER INFORMATION THAT YOU NEED FOR THIS CASE WHICH IS NOT IN THIS INSTRUCTION SHEET WILL BE FOUND ON THE GENERAL INSTRUCTION SHEET, THE CLERK STAFF IS NOT ALLOWED TO GIVE LEGAL ADVICE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT AN ATTORNEY OR ADVOCATE. THANK YOU.

CHECK LIST

1. PETITION AND SUMMONS FOR ADOPTION completely filled out.
2. NOTARIZED SIGNATURES.
3. MOTION FOR ORDER Appointing Next of Friend and Order
4. Mother and Fathers CONSENT TO ADOPTION.
5. CONSENT TO ADOPTION by minor over 12 years
6. HOME STUDY REPORT filed with the court.
7. APPLICATION FOR ADOPTION REGISTRATION completely filled out.
8. CHECK OR MONEY ORDER in the amount of \$35.00, payable to Department of Health
9. Serve all parties with the ADOPTION PETITION PACKET.
10. After proper service is complete, you can Motion the court to set an Adoption Hearing.

GENERAL RULES TO REMEMBER:

- 1. Do not ask the Court Clerks for Legal Advice.**
- 2. Do not ask to speak with any of the judges, unless in a hearing.**
- 3. Fill out all blanks in the Petition packet.**
- 4. Any documents filed with the court need to be served on the other parties.**
- 5. No hearings will be scheduled without a Motion request filed by one of the parties.**

**IF YOU HAVE ANY QUESTIONS ON THE PROCESS, PLEASE CONTACT THE CLERK'S OFFICE AT THE TRIBAL COURT. THANK YOU.
509/634-2500 OR 1-800-440-1457.**

ADOPTION

5-2-370

Jurisdiction Over Adoption

(a) The Colville Tribal Juvenile Court shall have exclusive, original jurisdiction in adoption matters where the minor child to be adopted resides or is domiciled within the Colville Indian Reservation and is:

(Amended 2/4/99, Resolution 1999-69)
(Certified 2/24/00)

(1) A member of the Colville Confederated Tribes; or

(2) The biological child of a member of the Colville Confederated Tribes and eligible for membership in the Colville Confederated Tribes.

(Amended 2/4/99, Resolution 1999-69)
(Certified 2/24/00)

(b) The Colville Tribal Juvenile Court shall have concurrent jurisdiction over all other adoption matters including those where the minor child to be adopted is a descendent of the Colville Confederated Tribes.

(Amended 6/6/02, Resolution 2002-351)

5-2-371

Adoption Generally

Any minor child subject to the jurisdiction of the Colville Confederated Tribes may be adopted by any adult person under this Chapter, provided, however, that a married person, not lawfully separated from his or her spouse, cannot adopt a child without the consent of such spouse, if such spouse is legally capable of giving such consent. In any adoption, preference shall be given, in the absence of good cause to the contrary, to:

(a) A member of the child's family;

(b) A member of the child's extended family;

(November 2007 version of Chapter 5-2)

(c) Members of the Colville Confederated Tribes; or

(d) Other Indian families.

5-2-372

Consent to Adoption

A child cannot be adopted without the consent of both parents, if living, unless parental rights have been terminated. A child who has a guardian of its person other than a parent cannot be adopted without the consent of such guardian, provided, however, that an adoption of such child may be accomplished without such consent if the Court finds that the adoption will be in the child's best interest. The consent of a child over the age of twelve (12) years is necessary to its adoption. Consent of a parent shall not be valid unless executed in writing and recorded before a judge of a court of competent jurisdiction and accompanied by the judge's certificate that the terms and consequences of consent were fully explained in detail and were fully understood by the parent. Such court shall also certify that the parent fully understood the explanation in English or that it was interpreted into a language that the parent understood. Any consent given prior to, or within ten (10) days after birth of the child shall not be valid. The consent of the parent may be withdrawn for any reason at any time prior to entry of a final order of adoption; provided, however, that if within six (6) months from the date of consent it can be shown beyond a reasonable doubt that the consent to adoption was given as a result of fraud, coercion or duress, such consent may be withdrawn during such period.

5-2-373

Petition to Adopt

A person or persons wishing to adopt a child shall file a petition which shall contain the following information:

(a) The full names, addresses and ages of the adopting parents, plus the names and ages of all other children living in their household, if any;

(b) The full name, residence, sex and birth date of the child whose adoption is sought, plus documentary proof of the child's date and place of birth, if available;

(c) Proof of parent or guardian consent to the adoption or of the termination of the natural parental rights;

(d) A statement by the adopting parents that it is their desire to adopt the child and to establish the relation of parent and child with the adopted child, and that they will protect and care for the child to the best of their ability if the adoption is granted.

5-2-374

Investigation Report

Within twenty (20) days after the filing of the petition for adoption, the Child Placement Agency will file an investigation report on the suitability of the child for adoption and the financial, moral and physical fitness and general background of the adoptive parents and their home, together with a recommendation regarding the proposed adoption.

5-2-375

Adoption Hearing

Within five (5) days after the written investigation report is received or within a reasonable time, the Court shall fix a time for hearing on the petition for adoption. The adoptive parent or parents and adoptive child shall appear personally at the hearing. The judge shall examine all persons appearing separately, and if satisfied as to the suitability of the child for adoption, the financial ability and moral and physical fitness and responsibility of the adoptive parents, and that the best interests of the child will be promoted by the adoption, may enter a final decree of adoption or may place the child in the legal custody of the petitioners for a period of not more than six (6) months prior to entering a final decree of adoption, or if the Court is satisfied that the adoption petition will not be in the best interests of the child, the petition shall be denied and the child's guardian instructed to arrange suitable care for the child, and the Court may request the tribal agencies, federal agencies, or other agencies authorized to provide such services to assist in the placement and care of the child.

5-2-376

Report and Final Decree of Adoption

(November 2007 version of Chapter 5-2)

If the Court does not enter a final Decree of Adoption at the time of the hearing for adoption, but places the child in the legal custody of the petitioners, within six (6) months after the child has been in the custody of the petitioner, the Child Placement Agency shall file a supplementary written report as to the welfare of the child, the current situation and conditions of the adoptive home and the adoptive parents. If the Court is satisfied that the interests of the child are best served by the proposed adoption, a final Decree of Adoption may be entered. No final order shall be entered by the Court unless it appears to the Court that the adoption is in the best interests of the child. In any case where the Court finds that the best interests of the child will not be served by the adoption, a guardian shall be appointed and suitable arrangements for the care of the child shall be made and the Court may request tribal agencies or federal agencies or other agencies authorized to provide such services to assist in the placement and the care of the child.

5-2-377

Adoption Records

All records, reports, proceedings, and orders in adoption cases are confidential and permanent records of the Court and shall not be available for release or inspection. Information contained in such records may be released upon petition to the court by the adopted person after reaching legal majority, or otherwise upon order of the Court upon good and sufficient cause shown.

5-2-378

Contents of Adoption Order

The final order of adoption shall include such facts as are necessary to establish that the child is eligible and suitable for adoption, and that the adoptive home and parents are adequate and capable for the proper care of the child, as shown by the investigation reports and the findings of the court upon the evidence adduced at the hearings. Within five (5) days after the final Decree of Adoption has been entered by the Court, the Bureau of Vital Statistics of the Washington State Department of Social and Health Services shall be notified by the Clerk of the Court that the adoption has taken place, giving the full name, sex, birth date, names of natural parent(s) and full names of adoptive parent(s) so that a new record of birth in the new name and with the name or names of the adopting parents is recorded, and provided with certified true and correct copy of the final Decree of Adoption.

5-2-379

Name and Legal Status of Adopted Child

Minor children adopted by order of the Court shall assume the surname of the person by whom they are adopted, unless the Court orders otherwise, and shall be entitled to the same rights of persons and property as children or heirs of the persons adopting them. Adoption shall not affect tribal membership status or any rights incident thereto.

5-2-380

Rights and Liabilities of Natural Parents

The natural parents of an adopted child are, from the time of the final Decree of Adoption, relieved of all parental duties toward, and, all responsibility for the child so adopted, and shall have no further rights over him.

GENERAL PROVISIONS

5-2-410

Court Records

A record of all hearings under this Chapter shall be made and preserved. All Juvenile Court records shall be confidential and shall not be open to inspection to any but the following:

- (a) The minor;
- (b) The minor's parent, guardian, custodian or counsel;
- (c) The Child Welfare officer or probation officer; or
- (d) The prosecuting attorney.

5-2-411

Law Enforcement Records

Law enforcement records and files containing a minor shall be kept separate from the records and files of
(November 2007 version of Chapter 5-2)

adults. All law enforcement records and files shall be confidential and shall not be open to inspection to any but the following:

- (a) The minor;
- (b) The minor's parent, guardian, custodian or counsel;
- (c) The Child Welfare officer or probation officer; or
- (d) The prosecuting attorney.

5-2-412

Expungement

When a minor who has been the subject of any proceedings before the Juvenile Court attains his twenty-first (21) birthday, the Chief Judge of the Tribal Court shall order the Clerk of the Court to destroy both the Court records and the law enforcement records. This section shall not apply to adoption records.

5-2-413

Appeal

For purposes of appeal, a record of the proceedings shall be made available to the minor, his parent, guardian, custodian or counsel. Costs of obtaining this record shall be paid by the party seeking the appeal. Any party to a Juvenile Court hearing may appeal a final order or disposition of the case by filing a written Notice of Appeal with the Juvenile Court within ten (10) days of the final order or disposition. No decree or disposition of a hearing shall be stayed by such appeal. All appeals shall be conducted in accordance with the general appeal provisions of this Code.

5-2-414

Contempt of Court

Any willful disobedience or interference with any order of the Juvenile Court constitutes contempt of court in accordance with this Code.

5-2-415

Support of Minors

When temporary custody of a minor is vested by the Court in an individual or agency other than his parents or juvenile detention facility, the Court may in the same or any subsequent proceeding inquire into the ability of the parents or any other person who may be obligated to support the minor and to pay any other expenses of the minor, including the expense of any medical, psychiatric, or psychological examination or treatment provided under order of the Court. The Court may, after due notice and a hearing on the matter require the parents or other person to pay the whole or part of such support and expenses, depending on their financial resources and other demands on their financial resources and other demands on their future.

(Chapter enacted-original code 5/1/79)

**IN THE CHILDREN'S COURT OF THE
COLVILLE CONFEDERATED TRIBES INDIAN RESERVATION**

In re the Adoption of:

_____ DOB: _____

_____ DOB: _____

Petitioner,

Vs.

Respondent

) Case No.: _____

) NOTICE (SUMMONS)

TO THE RESPONDENT(S):

A lawsuit has been filed against you in the above-entitled court by the Petitioner indicated above. Petitioner's claim is stated in the written Petition, a copy of which is attached.

In order to defend against this lawsuit, you must answer the Petition by stating your defense in writing, and filing it with the court and serving a copy of it on the Petitioner herein within 20 days after the day you were served this Notice, exclusive of the day you were served. If you fail to do this a DEFAULT JUDGMENT may be entered against you without further notice. A default judgment is one where the Petitioner is entitled to what he or she is asking for in the Petition because you have not answered the Petition in writing. If you serve a Notice of Appearance on the Petitioner, you are entitled to notify the other party before a default judgment may be entered.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your written answer, if any, may be served on time.

This Notice (Summons) is issued pursuant to Section 2-2-70 of the Tribal Law and Order Code.

DATED this _____ day of _____, 20_____.

Petitioner's Name: _____

Address : _____

**IN THE CHILDREN'S COURT OF THE
COLVILLE CONFEDERATED TRIBES INDIAN RESERVATION**

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4 In re the Adoption of:) Case No.: _____
5 _____ DOB: _____)
6 _____ DOB: _____)
7 _____)
8 _____)
9 Petitioner,)
10 Vs. _____)
11 _____)
12 Respondent)

PETITION FOR ADOPTION

I. JURISDICTION

The Colville Tribal Court has jurisdiction over this matter pursuant to Title 5-2-370 of the Colville Tribal Law and Order Code.

II. PETITIONER(S)

1. Petitioner(s) in this matter is/are _____
who live(s) at _____ and whose mailing address is _____
_____.

2. Petitioner, _____, is/is not enrolled member of the Colville Tribes.

3. Petitioner, _____, is/is not enrolled member of the Colville Tribes.

III. RESPONDENT(S)

1. Respondent(s) in this matter is/are _____
who live(s) at _____ and whose mailing address is _____.

2. Respondent, _____, is/is not enrolled member of the Colville Tribes.

3. Respondent, _____, is/is not enrolled member of the Colville Tribes.

IV. CHILDREN

1. Petitioner(s) is/are requesting an Order allowing him/her/them to adopt:

1 3. That a hearing be held in order that a Decree of Adoption be entered herein in favor of the Petitioner(s)
2 establishing said children as legal heir(s) and lawful issue of the Petitioner(s) and changing the children's
3 last name as stated above.

4 4. Other relief requested:

5 DATED: _____

Petitioner's Signature

7 _____
8 Petitioner's Signature

9 SUBSCRIBED AND SWORN to before me this ____ day of _____ 20 ____

10 _____
11 NOTARY PUBLIC in and for State of
12 Washington, residing at _____
13 My commission expires: _____
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1 **IN THE CHILDREN'S COURT OF THE**
2 **COLVILLE CONFEDERATED TRIBES INDIAN RESERVATION**

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4 In re the Adoption of:) Case No.:
5 _____ DOB: _____)
6 _____)
7 Petitioner,) CONSENT TO ADOPTION BY
8 and) MINOR OVER 12 YEARS OF AGE
9 _____)
10 Respondent)

11
12 The undersigned, a minor over the age of 12 years, hereby states under oath:

- 13 1. My name is: _____.
- 14 2. My age and birth date are _____ years, born: _____.
- 15 3. I understand that _____ wants to adopt me. I understand
16 What this means.
- 17 4. I agree that _____ should adopt me, and I give my consent to Adoption.

18 Dated this _____ day of _____, 20____

19 _____
Minor's Signature

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21 _____
Subscribed and Sworn to before me this
22 _____ day of _____ 20____. In and for the State
Of Washington, residing _____.
23 My commission expires: _____

**IN THE CHILDREN'S COURT OF THE
COLVILLE CONFEDERATED TRIBES INDIAN RESERVATION**

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In re the Adoption of: _____)
_____)
DOB: _____)
_____)
Petitioner,)
and)
_____)
Respondent)

Case No.:

CONSENT TO ADOPTION

I, the undersigned, being the natural father of the above-named minor, do hereby give my full and free consent to the adoption of said minor child by _____, who is _____, without relinquishing any of my rights, duties or obligations as his/her natural father, and I hereby join in said Petition and respectfully request that the prayer thereof be granted.

Said child, _____, was born on the _____ day of _____ 20____, in _____, County of _____, State of _____, and is the child of _____ and myself.

Dated this _____ day of _____, 20____

Father's Signature

1 STATE OF WASHINGTON)
2 COUNTY OF _____) SS.

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_____, being first duly sworn on oath, deposes and says:

That he is the above-named, that he has read the foregoing Consent to Adoption, knows the contents thereof and believes the same to be true and correct.

Father's Signature

Subscribed and Sworn to before me this
____ day of _____ 20____. In and for the State
Of Washington, residing _____.
My commission expires: _____

1 STATE OF WASHINGTON)
2 COUNTY OF _____) SS.

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_____, being first duly sworn on oath, deposes and says:

That she is the above-named, that she has read the foregoing Consent to Adoption, knows the contents thereof and believes the same to be true and correct.

Mother's Signature

Subscribed and Sworn to before me this
_____ day of _____ 20____. In and for the State
Of Washington, residing _____.
My commission expires: _____

Instructions for Birth Certificate Order Form

Carefully read these instructions before completing and submitting the Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a birth certificate.

Checklist for completing the Birth Certificate Order Form:

- Complete all fields on the birth certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- Check or money order made payable to DOH (certificate purchases are **nonrefundable**)

Send the order form, all documents, and payment to:

Department of Health
Center for Health Statistics
PO Box 9709
Olympia, WA 98507

If submitting the order form with a correction request, send all documents and payment to:

Center for Health Statistics
Attn: Corrections
PO Box 47814
Olympia, WA 98504-7814

What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for a birth certificate?

Qualified applicants for a birth certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, or Government Agency or the Courts (only for official duties).

Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

****If you are not one of the listed above, STOP. You will not receive a WA State birth certificate****

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested birth certificate.

1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. self or parents), your proof of eligibility requirement is met.
2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

What documents will the Department of Health (DOH) accept to prove eligibility?

DOH will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal guardian)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

View the [Proof of Eligibility \(PDF\)](#) for examples of how to prove qualifying relationship.

What identity documentation will DOH accept?

DOH will accept a copy of:

- One government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then at least two alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of [acceptable identity documentation](#).

What information is required?

The following information is required as it appears on the birth certificate:

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of birth (month, date, year)
- City or county where the birth occurred

What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you are unable to provide the required documentation or information.

What is an Heirloom birth certificate?

The Heirloom birth certificate is a birth certificate signed by the Governor and the State Registrar. For more information on Heirlooms, please visit [Ordering a Birth Record :: Washington State Department of Health](#).

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept checks or money orders for requests mailed to DOH. Make sure your check or money order is made payable to DOH.

Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a birth certificate.

Helpful tip: To confirm DOH received your order over the phone, we need:

- For Checks: Check number, date it was cashed (check with your banking institution before calling DOH), and name on the check
- For Money Orders: Money order number and date it was cashed (to find this date call the number provided on your money order receipt)

For more information about vital records, please visit our website at <https://www.doh.wa.gov/vitalrecords>.

MAIL ORDERS TO:

Department of Health
PO BOX 9709
OLYMPIA WA 98507-9709

BIRTH CERTIFICATE MAIL ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD-PARTY VENDOR TO
OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: DOH
NO REFUNDS**

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

To receive a birth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.

SELECT RELATIONSHIP:	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

All the following fields must be completed to process the order.

BIRTH RECORD DETAILS	CERTIFICATE HOLDER FIRST NAME(S):	CERTIFICATE HOLDER FULL MIDDLE NAME(S):	CERTIFICATE HOLDER LAST NAME(S):	
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:	COUNTRY OF BIRTH:
	PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):		PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
	PARENT/FATHER FIRST NAME(S):	PARENT/FATHER MIDDLE NAME(S):		PARENT/FATHER LAST NAME(S):

- I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee. See instructions for more information.
- By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).

SIGNATURE (APPLICANT)

DATE SIGNED: (MM/DD/YYYY)

FEES: (Check the box to select order type then enter the quantity.)				
<input type="checkbox"/> Total number of CERTIFIED certificates		x	\$25	=
<input type="checkbox"/> Total number of HEIRLOOM certificates		x	\$50	=
<input type="checkbox"/> APOSTILLE: (Indicate country requesting document here)		x	\$15	=
SHIPPING: (expedited shipping does NOT mean expedited processing)				
<input type="checkbox"/> First Class Mail: (No additional charge)			\$0	=
<input type="checkbox"/> *USPS Express Mail Delivery: (street address or PO Box)			\$26.35	=
<input type="checkbox"/> **FedEx to continental US: (no PO Box)			\$15	=
<input type="checkbox"/> FedEx to AK/HI/Canada/Mexico: (no PO Box)			\$25	=
TOTAL AMOUNT DUE: (ADD THE FEE AMOUNT(S) + SHIPPING FOR TOTAL DUE)				

FOR OFFICE USE ONLY		
APOSTILLE		
<input type="checkbox"/> VERIFIED	DATE:	INITIALS:
<input type="checkbox"/> SENT TO SOS	DATE:	INITIALS:
<input type="checkbox"/> NOTATED IN WHALES	FEE#	
COUNTRY:		

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- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

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DOH 422-182 July 2021

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507
360-236-4300

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What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

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What form of payment is accepted?

We accept checks or money orders for requests mailed to DOH. Make sure your check or money order is made payable to DOH.

Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a birth certificate.

Helpful tip: To confirm DOH received your order over the phone, we need:

- For Checks: Check number, date it was cashed (check with your banking institution before calling DOH), and name on the check
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DOH 422-182 JULY 2021

MAIL ORDERS TO:

Department of Health
PO BOX 9709
OLYMPIA WA 98507-9709

BIRTH CERTIFICATE MAIL ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD-PARTY VENDOR TO OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: DOH
NO REFUNDS**

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

To receive a birth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.

SELECT RELATIONSHIP:	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

All the following fields must be completed to process the order.

BIRTH RECORD DETAILS	CERTIFICATE HOLDER FIRST NAME(S):	CERTIFICATE HOLDER FULL MIDDLE NAME(S):	CERTIFICATE HOLDER LAST NAME(S):
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:
	PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
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- I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee. See instructions for more information.
- By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).

SIGNATURE (APPLICANT)

DATE SIGNED: (MM/DD/YYYY)

FEES: (Check the box to select order type then enter the quantity.)			
<input type="checkbox"/> Total number of CERTIFIED certificates	x	\$25	=
<input type="checkbox"/> Total number of HEIRLOOM certificates	x	\$50	=
<input type="checkbox"/> APOSTILLE: (Indicate country requesting document here)	x	\$15	=
SHIPPING: (expedited shipping does NOT mean expedited processing)			
<input type="checkbox"/> First Class Mail: (No additional charge)		\$0	=
<input type="checkbox"/> *USPS Express Mail Delivery: (street address or PO Box)		\$26.35	=
<input type="checkbox"/> **FedEx to continental US: (no PO Box)		\$15	=
<input type="checkbox"/> FedEx to AK/HI/Canada/Mexico: (no PO Box)		\$25	=
TOTAL AMOUNT DUE: (ADD THE FEE AMOUNT(S) + SHIPPING FOR TOTAL DUE)			

FOR OFFICE USE ONLY		
APOSTILLE		
<input type="checkbox"/> VERIFIED	DATE:	INITIALS:
<input type="checkbox"/> SENT TO SOS	DATE:	INITIALS:
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Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

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**MAKE CHECKS & MONEY ORDERS
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APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

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SELECT RELATIONSHIP:	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
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	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:
	PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
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- I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee. See instructions for more information.
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SIGNATURE (APPLICANT)

DATE SIGNED: (MM/DD/YYYY)

FEES: (Check the box to select order type then enter the quantity.)			
<input type="checkbox"/> Total number of CERTIFIED certificates	x	\$25	=
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<input type="checkbox"/> APOSTILLE: (Indicate country requesting document here)	x	\$15	=
SHIPPING: (expedited shipping does NOT mean expedited processing)			
<input type="checkbox"/> First Class Mail: (No additional charge)		\$0	=
<input type="checkbox"/> *USPS Express Mail Delivery: (street address or PO Box)		\$26.35	=
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TOTAL AMOUNT DUE: (ADD THE FEE AMOUNT(S) + SHIPPING FOR TOTAL DUE)			

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APOSTILLE		
<input type="checkbox"/> VERIFIED	DATE:	INITIALS:
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	CITY:	STATE:	ZIP CODE:	COUNTRY:
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SELECT RELATIONSHIP:	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
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	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

All the following fields must be completed to process the order.

BIRTH RECORD DETAILS	CERTIFICATE HOLDER FIRST NAME(S):	CERTIFICATE HOLDER FULL MIDDLE NAME(S):	CERTIFICATE HOLDER LAST NAME(S):
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:
	PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
	PARENT/FATHER FIRST NAME(S):	PARENT/FATHER MIDDLE NAME(S):	PARENT/FATHER LAST NAME(S):

- I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee. See instructions for more information.
- By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).

SIGNATURE (APPLICANT)

DATE SIGNED: (MM/DD/YYYY)

FEES: (Check the box to select order type then enter the quantity.)			
<input type="checkbox"/> Total number of CERTIFIED certificates	x	\$25	=
<input type="checkbox"/> Total number of HEIRLOOM certificates	x	\$50	=
<input type="checkbox"/> APOSTILLE: (Indicate country requesting document here)	x	\$15	=
SHIPPING: (expedited shipping does NOT mean expedited processing)			
<input type="checkbox"/> First Class Mail: (No additional charge)		\$0	=
<input type="checkbox"/> *USPS Express Mail Delivery: (street address or PO Box)		\$26.35	=
<input type="checkbox"/> **FedEx to continental US: (no PO Box)		\$15	=
<input type="checkbox"/> FedEx to AK/HI/Canada/Mexico: (no PO Box)		\$25	=
TOTAL AMOUNT DUE: (ADD THE FEE AMOUNT(S) + SHIPPING FOR TOTAL DUE)			

FOR OFFICE USE ONLY		
APOSTILLE		
<input type="checkbox"/> VERIFIED	DATE:	INITIALS:
<input type="checkbox"/> SENT TO SOS	DATE:	INITIALS:
<input type="checkbox"/> NOTATED IN WHALES	FEE#	
COUNTRY:		

Instructions for Birth Certificate Order Form

Carefully read these instructions before completing and submitting the Birth Certificate Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order a birth certificate.

Checklist for completing the Birth Certificate Order Form:

- Complete all fields on the birth certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- Check or money order made payable to DOH (certificate purchases are **nonrefundable**)

Send the order form, all documents, and payment to:

Department of Health
Center for Health Statistics
PO Box 9709
Olympia, WA 98507

If submitting the order form with a correction request, send all documents and payment to:

Center for Health Statistics
Attn: Corrections
PO Box 47814
Olympia, WA 98504-7814

What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for a birth certificate?

Qualified applicants for a birth certificate are: Self, Spouse/Domestic Partner, Child, Parent, Stepparent, Stepchild, Sibling, Grandparent, Grandchild, Great Grandparent, Legal Guardian, Legal Representative, Authorized Representative, or Government Agency or the Courts (only for official duties).

Are you one of the qualified applicants listed above to the birth certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

****If you are not one of the listed above, STOP. You will not receive a WA State birth certificate****

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested birth certificate.

1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. self or parents), your proof of eligibility requirement is met.
2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

What documents will the Department of Health (DOH) accept to prove eligibility?

DOH will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. legal guardian)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

View the [Proof of Eligibility \(PDF\)](#) for examples of how to prove qualifying relationship.



DOH 422-182 July 2021

Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507
360-236-4300

What identity documentation will DOH accept?

DOH will accept a copy of:

- One government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then at least two alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

View the list of [acceptable identity documentation](#).

What information is required?

The following information is required as it appears on the birth certificate:

- First, middle, and last name of the subject of the record
- First and last name of all parents listed on the record
- Date of birth (month, date, year)
- City or county where the birth occurred

What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you are unable to provide the required documentation or information.

What is an Heirloom birth certificate?

The Heirloom birth certificate is a birth certificate signed by the Governor and the State Registrar. For more information on Heirlooms, please visit [Ordering a Birth Record :: Washington State Department of Health](#).

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98502). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

We accept checks or money orders for requests mailed to DOH. Make sure your check or money order is made payable to DOH.

Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a birth certificate.

Helpful tip: To confirm DOH received your order over the phone, we need:

- For Checks: Check number, date it was cashed (check with your banking institution before calling DOH), and name on the check
- For Money Orders: Money order number and date it was cashed (to find this date call the number provided on your money order receipt)

For more information about vital records, please visit our website at <https://www.doh.wa.gov/vitalrecords>.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov

MAIL ORDERS TO:
Department of Health
PO BOX 9709
OLYMPIA WA 98507-9709

BIRTH CERTIFICATE MAIL ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD-PARTY VENDOR TO
OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

**MAKE CHECKS & MONEY ORDERS
PAYABLE TO: DOH
NO REFUNDS**

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	CITY:	STATE:	ZIP CODE:	COUNTRY:
	DAYTIME TELEPHONE NUMBER:	EMAIL ADDRESS:		

To receive a birth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.

SELECT RELATIONSHIP:	<input type="checkbox"/> SELF	<input type="checkbox"/> PARENT	<input type="checkbox"/> SIBLING	<input type="checkbox"/> GREATGRANDPARENT	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE
	<input type="checkbox"/> SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> STEPPARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> LEGAL GUARDIAN	<input type="checkbox"/> GOVERNMENT AGENCY
	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPCCHILD	<input type="checkbox"/> GRANDCHILD	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> COURTS

All the following fields must be completed to process the order.

BIRTH RECORD DETAILS	CERTIFICATE HOLDER FIRST NAME(S):	CERTIFICATE HOLDER FULL MIDDLE NAME(S):	CERTIFICATE HOLDER LAST NAME(S):
	DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:
	PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	PARENT/MOTHER LAST NAME(S): (PRIOR TO FIRST MARRIAGE)
	PARENT/FATHER FIRST NAME(S):	PARENT/FATHER MIDDLE NAME(S):	PARENT/FATHER LAST NAME(S):

- I have included a copy of my identity document(s), my proof of eligibility document(s), and the required nonrefundable fee. See instructions for more information.
- By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).

SIGNATURE (APPLICANT)

DATE SIGNED: (MM/DD/YYYY)

FEES: (Check the box to select order type then enter the quantity.)			
<input type="checkbox"/> Total number of CERTIFIED certificates	x	\$25	=
<input type="checkbox"/> Total number of HEIRLOOM certificates	x	\$50	=
<input type="checkbox"/> APOSTILLE: (Indicate country requesting document here)	x	\$15	=
SHIPPING: (expedited shipping does NOT mean expedited processing)			
<input type="checkbox"/> First Class Mail: (No additional charge)		\$0	=
<input type="checkbox"/> *USPS Express Mail Delivery: (street address or PO Box)		\$26.35	=
<input type="checkbox"/> **FedEx to continental US: (no PO Box)		\$15	=
<input type="checkbox"/> FedEx to AK/HI/Canada/Mexico: (no PO Box)		\$25	=
TOTAL AMOUNT DUE: (ADD THE FEE AMOUNT(S) + SHIPPING FOR TOTAL DUE)			

FOR OFFICE USE ONLY		
APOSTILLE		
<input type="checkbox"/> VERIFIED	DATE:	INITIALS:
<input type="checkbox"/> SENT TO SOS	DATE:	INITIALS:
<input type="checkbox"/> NOTATED IN WHALES	FEE#	
COUNTRY:		

Instructions for Adoption Registration Form

Carefully read these instructions before completing and submitting the Adoption Registration Form. The Center for Health Statistics registers and maintains birth records for adoptees born in Washington state and adoptees born outside the United States and adopted in Washington. Chapter 26.33 RCW regulates adoption in Washington, and RCW 70.58A.400 outlines adoption registration requirements.

Checklist for submitting the Adoption Registration Form:

- Complete all fields on the adoption registration form.
- Nonrefundable \$15* adoption registration fee.
- A *certified* copy of the **adoption decree** from a Washington state court or **adoption report** if the adoption went through a different state or U.S. territory court.
 - o The decree must include the following information:
 1. Adoptee's full name on birth certificate before this adoption.
 2. Adoptee's full name after this adoption.
 3. Adoptee's date of birth **and** place of birth.
 4. Full name of each petitioner.
 5. Petitioner(s) marital status – married couple, stepparent, domestic partnership, or single parent.

Items to include if purchasing a certified birth certificate:

- Nonrefundable fee of \$25* for each certified copy of the amended birth certificate.
- Copy of the requestor's identification. Note, the requestor can be the adoptee, adoptive parents, or the attorney listed on the adoption decree or report of adoption.
- Complete all fields on the [birth certificate order form](#), including requestor's signature and date.
 - o Use the adoptee's new names and adoptive parents' names that will be listed on the new birth certificate.

Send all order forms, documents, and payment* to:

Attn: Adoptions
Center for Health Statistics
PO Box 9709
Olympia, WA 98507

What form of payment* is accepted?

We accept checks or money orders for requests mailed to DOH. Make sure your check or money order is made payable to DOH.

*You can combine all payments submitted at the same time in one check or money order.

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name (Ex. John Doe C/O Jane Doe, 101 Israel Rd SE, Tumwater, WA 98501). If filling in the form by hand, please print clearly to avoid delay in processing.

Important note: no refunds will be given if we cannot register the adoption, a record could not be located, or the documentation you provided did not prove your eligibility to receive a birth certificate.

Helpful tip: To confirm DOH received your order over the phone, we need:

- For Checks: Check number, date cashed (check with your banking institution before calling DOH), and name on the check.
- For Money Orders: Money order number and date cashed (call the number provided on your money order receipt).

For more information about vital records, please visit our website at <https://www.doh.wa.gov/vitalrecords>.

Application for Adoption Registration

Complete in ink

Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709
360-236-4300
Adoptions@doh.wa.gov
Fee: \$15 processing fee

For Official Use Only

Sealed File #: _____
State File #: _____

Child – Original Birth Certificate Information			
Child's First Name		Child's Date of Birth MM / DD / YYYY	
Middle Name		City of Birth	
Last Name		State of Birth (Country, if born outside the U.S.)	
Name of Hospital or Location where child was born		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mother/Parent Name <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Father/Parent Name, if known <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Child's Name After Adoption			
Child's New First Name	Child's New Middle Name	Child's New Last Name	
Adoptive Parent(s)			
This information is required to create a new birth certificate, even if one parent is the birth parent			
Preferred Parent Label: <input type="checkbox"/> Mother/Father <input type="checkbox"/> Parent/Parent			
Mother's/Parent's name on their own birth certificate <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Mother/Parent Date of Birth MM / DD / YYYY		State of Birth (Country, if born outside the United States)	
Father/Parent Name <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Father/Parent Date of Birth MM / DD / YYYY		State of Birth (Country, if born outside the United States)	
Legal Information			
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Domestic Partnership
Attorney's Name (First/Middle/Last)		Attorney's Phone Number ()	
Attorney's Street Address		Attorney's Email address	
City		State	Zip
Final Date of Decree MM / DD / YYYY	County of Decree	Case Number	
Mailing Address			
Send Certified Copy of New Birth Certificate to:		Current Parent(s) Mailing Address:	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	

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 3. Adoptee's date of birth **and** place of birth.
 4. Full name of each petitioner.
 5. Petitioner(s) marital status – married couple, stepparent, domestic partnership, or single parent.

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- Complete all fields on the [birth certificate order form](#), including requestor's signature and date.
 - Use the adoptee's new names and adoptive parents' names that will be listed on the new birth certificate.

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For more information about vital records, please visit our website at <https://www.doh.wa.gov/vitalrecords>.

Application for Adoption Registration

Complete in ink

Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709
360-236-4300
Adoptions@doh.wa.gov
Fee: \$15 processing fee

For Official Use Only

Sealed File #: _____

State File #: _____

Child – Original Birth Certificate Information			
Child's First Name		Child's Date of Birth MM / DD / YYYY	
Middle Name		City of Birth	
Last Name		State of Birth (Country, if born outside the U.S.)	
Name of Hospital or Location where child was born		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mother/Parent Name <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Father/Parent Name, if known <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Child's Name After Adoption			
Child's New First Name	Child's New Middle Name	Child's New Last Name	
Adoptive Parent(s)			
This information is required to create a new birth certificate, even if one parent is the birth parent			
Preferred Parent Label: <input type="checkbox"/> Mother/Father <input type="checkbox"/> Parent/Parent			
Mother's/Parent's name on their own birth certificate <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Mother/Parent Date of Birth MM / DD / YYYY		State of Birth (Country, if born outside the United States)	
Father/Parent Name <small>First Name Full Middle Name Birth/Maiden Last Name</small>			
Father/Parent Date of Birth MM / DD / YYYY		State of Birth (Country, if born outside the United States)	
Legal Information			
<input type="checkbox"/> Stepparent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Domestic Partnership
Attorney's Name (First/Middle/Last)		Attorney's Phone Number ()	
Attorney's Street Address		Attorney's Email address	
City		State	Zip
Final Date of Decree MM / DD / YYYY	County of Decree	Case Number	
Mailing Address			
Send Certified Copy of New Birth Certificate to:		Current Parent(s) Mailing Address:	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	

1 IN THE CHILDREN'S COURT OF THE
2 COLVILLE CONFEDERATED TRIBES
3 COLVILLE INDIAN RESERVATION

4 In re the Adoption of:

5 _____, DOB _____) CASE NO. _____
6 _____, DOB _____) _____
7 _____, DOB _____) _____

8 _____,)
9 Petitioner(s),)
10 vs.)
11 _____,)
12 Respondent(s))

AFFIDAVIT OF SERVICE/ATTEMPTED SERVICE

13 _____, being first duly sworn upon
14 oath, deposes and says:

- 15 1. I have been directed to serve the following documents:
16 (A). Notice (Summons) _____.
17 (B). Petition for Adoption _____.
18 (C). Motion for Order Appointing Next Friend and Order. _____.
19 (D). Consent to Adoption _____.
20 (E). Consent to Adoption by Minor over 12 Years _____.
21 (F). Instructions Sheet for Vital Records _____.

22 2. I did serve the above-named documents by personally serving
23 the same on _____ on the following day:
24 _____, at the following location: _____
25 _____.

[OR]

26 3. I made a diligent search for _____ AS
27 EVIDENCE BY THE ATTACHED MEMO STATING THE TIMES AND PLACES I
28 TRIED TO SERVE HIM/HER. I was not able to locate said
person in order to serve the above-named documents.

29 DATE: _____ SIGNATURE _____

30 SUBSCRIBED AND SWORN to before me this _____ day of _____,
31 19____.

32 NOTARY PUBLIC in and for the State
33 of Washington, residing at _____
34 expires _____.