Washington State Department of Health
Center for Health Statistics
P.O. Box 9709
Olympia, WA 98507-9709
(360) 236-4300

APPLICATION for ADOPTION REGISTRATION

Type or Print in Ink

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
Name of Hospital or Location where Child was Born	Sex ☐ Female ☐ Male
Mother's Name Before First Marriage (First/Middle/Last)	
Father's Name, if Known (First/Middle/Last)	

Adoptive Parent(s)

This information will be used to create a new birth certificate even if one parent is the natural parent.

Mother's Name or Other Parent Before First Marriage (First/Middle/Last)	
Mother's Date of Birth (MM/DD/YYYY) / /	State or Country of Birth
Father's Name or Other Parent (First/Middle/Last)	
Father's Date of Birth (MM/DD/YYYY) / /	State or Country of Birth

Child's New Name

Child's New First Name	Child's New Middle Name	Child's New Last Name

Legal Information

This is a:
☐ Stepparent ☐ Single Parent ☐ Married Couple ☐ Domestic Partner Adoption

Attorney's Name (First/Middle/Last)		Attorney's Phone Number ( ) -
Attorney's Street Address		
City	State	Zip
Final Date of Decree (MM/DD/YYYY) / /	County of Decree	Cause 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

White – Center for Health Statistics Copy **Canary** – Attorney's Copy **Pink** – Court Clerk Copy **Goldenrod** – Center for Health Statistics Copy