Washington State Department of Health
Center for Health Statistics
101 Israel Rd. SE
Tumwater, WA 98501
(360) 236-4300

CERTIFICATE REQUEST FORM

Requestor's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Daytime Phone (_____)_____ Payment by: ☐ Cash ☐ Check ☐ Visa ☐ MasterCard

If Paying by Visa or MasterCard the following information is required:

Name on Credit Card _____

Billing Address _____

City _____ State_____ Zip _____

Single Status Certificate

_____*Certified Copy(ies) x $20.00 or each 10 Year Searched*

Name on Record *(first middle & last)* _____

Date of Birth _____ SEX: Male _____ Female _____

Current Resident of Washington: Yes _____ No _____ How Many Years _____

Divorced: Yes _____ No _____ If Yes, Date Finalized _____

Years of Search ($20.00 per 10 Year Index Period) _____