Washington State Department of HEALTH

DOH 422-185 November 2025

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 doh.information@doh.wa.gov.

Instructions for Birth/Death Informational Copies Order Form

Carefully read these instructions before completing and submitting the Birth/Death Informational Copies Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires applicants to provide required information to order noncertified informational copies of birth and death records.

Checklist for completing the Birth/Death Informational Copies Order Form:

- ☐ Complete all fields on the informational copies form
- ☐ Check or money order made payable to DOH
- ☐ Send the order form and nonrefundable payment to:

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

What is a noncertified informational copy?

Noncertified informational copies of birth and death records are not issued on the certified paper with security features and cannot be used for legal purposes. It will contain a watermark stating "Cannot be used for legal purposes. Informational only."

Check with the agency or business about whether or not they will accept informational copies prior to purchasing a noncertified informational copy.

Informational copies of birth records contain the same information as a certified birth copy.

Informational copies of death records contain the same information as the certified short form death copy. It does not contain cause and manner of death information or social security number of the decedent.

Noncertified informational copy of long form death, fetal death, marriage, or divorce records are not available.

What information is required for noncertified informational copy of birth records?

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

- 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 information is required for noncertified informational copy of death records?

The following information is required as it appears on the death record:

- First and last name of the decedent
- Approximate date of death (month and year)
- City or county where the death occurred

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.

Helpful tip: To confirm that DOH has 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/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce.

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

BIRTH/DEATH INFORMATIONAL COPIES MAIL ORDER FORM

REGISTER VALIDATION SPOT

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:**		

NONCERTIFIED INFORMATIONAL COPIES OF BIRTH AND DEATH RECORDS ARE NOT ISSUED ON CERTIFIED PAPER AND CANNOT BE USED FOR LEGAL PURPOSES. COPIES WILL CONTAIN A WATERMARK STATING THAT IT IS FOR INFORMATIONAL PURPOSES ONLY. THE INFORMATIONAL DEATH COPY WILL NOT DISPLAY CAUSE AND MANNER OF DEATH OR DECEDENT'S SSN.

BIRTH RECORD DETAILS

FIRST NAME(S):	FULL MIDDLE NAME(S):		LAST NAME(S):
DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:	COUNTRY OF BIRTH:
MOTHER/PARENT BIRTH FIRST NAME(S):	FULL MIDDLE NAME(S):		LAST NAME(S):
FATHER/PARENT FIRST BIRTH NAME(S):	FULL MIDDLE NAME(S):		LAST NAME(S):

TOTAL NUMBER OF BIRTH INFORMATIONAL COPIES ORDERING: [ ]

DEATH RECORD DETAILS

FIRST NAME(S):	FULL MIDDLE NAME(S):	LAST NAME(S):
APPROXIMATE DATE OF DEATH: *(MONTH & YEAR)*	CITY OR COUNTY OF DEATH:	
OTHER NAMES, IF KNOWN *(EX. MAIDEN NAME, MARRIED NAMES, PARENTS NAMES, ETC.):*	SPOUSE(S), IF KNOWN:	
DATE OF BIRTH, IF KNOWN:	PLACE OF BIRTH, IF KNOWN:	

TOTAL NUMBER OF DEATH INFORMATIONAL COPIES ORDERING: [ ]

FEES: *Check the box to select order type then enter the quantity.*					
☐ Total number of **INFORMATIONAL** copies		x	$25	=	
SHIPPING: *(expedited shipping does NOT mean expedited processing)*					
☐ First Class Mail (*No additional charge*)		x	$0	=	
			TOTAL AMOUNT DUE *(ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)*		

FOR OFFICE USE ONLY				
☐ NM	☐ NI	☐ NR	☐ SIE	☐ MD
☐ MR	☐ PCOD	☐ PP	☐ NQ	☐ IA
☐CALLED	DATE:		INITIALS:	
☐EMAILED	DATE:		INITIALS:	
☐LETTER SENT	DATE:		INITIALS:	
OTHER:				