



Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709

APPLICATION FOR ADOPTION REGISTRATION

PLEASE TYPE OR PRINT CLEARLY
PLEASE READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM

I BIRTH INFORMATION NEEDED TO LOCATE ORIGINAL BIRTH CERTIFICATE

CHILD	1. CHILD'S ORIGINAL NAME	2. SEX	3. BIRTHDATE
	4. BIRTHPLACE-CITY	5. COUNTY	6. STATE
	7. HOSPITAL	8. PHYSICIAN	
	9. NATURAL MOTHER-FULL MAIDEN NAME		
	10. NATURAL FATHER		

II ADOPTIVE PARENT(S) INFORMATION - List all facts as they were at the time the child was born

MOTHER	11. FULL MAIDEN NAME		
	12. RACE OR COLOR	13. BIRTHDATE	14. BIRTHSTATE
	15. RESIDENCE (AT TIME OF CHILD'S BIRTH) STREET ADDRESS		16. INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO
	17. CITY	18. COUNTY	19. STATE
FATHER	20. FULL NAME		
	21. RACE OR COLOR	22. BIRTHDATE	23. BIRTHSTATE
	24. OCCUPATION (AT TIME OF CHILD'S BIRTH)	25. TYPE OF BUSINESS OR INDUSTRY	

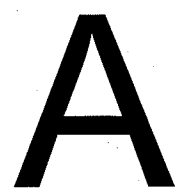
III LEGAL INFORMATION

26. THIS IS A: <input type="checkbox"/> STEPPARENT <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> MARRIED COUPLE ADOPTION			
27. CHILD'S NEW NAME	FIRST	MIDDLE	LAST
28. ATTORNEY'S FULL NAME		29. COMPLETE ADDRESS	
30. ATTORNEY'S PHONE NUMBER	31. FINAL DATE OF DECREE	32. CAUSE NUMBER	

IV MAILING ADDRESS - Fill out both address sections completely

SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO:	
33. NAME	
34. ADDRESS	
35. CITY, STATE, ZIP	

WHITE - CENTER FOR HEALTH STATISTICS' COPY
CANARY - ATTORNEY'S COPY
PINK - COURT CLERK'S COPY
GOLDENROD - CENTER FOR HEALTH STATISTICS' COPY
DOH 110-006 (Rev. 6/97)



FEE NUMBER