

**REQUEST FOR LETTER CONFIRMING DATE OF FILING OF ACKNOWLEDGMENT OF PATERNITY FOR
A CHILD BORN IN WASHINGTON**

Please provide me with a letter confirming the date of filing of the acknowledgment of paternity (paternity affidavit) and a certified copy of the birth certificate regarding my child, identified below:

(LEGIBLY PRINT ALL INFORMATION)

Child's Name: _____
First Name Middle Name Last Name

Date of Birth: _____
Month Date Year

Place of Birth: _____, **Washington**
City

Father's Full Name: _____
First Name Middle Name Last Name

Mother's Full Maiden Name: _____
First Name Middle Name Last Name

Enclosed are a **copy of my picture identification** and a **check or money order in the amount of \$35**, payable to the Department of Health.

_____ (Your Signature) _____ (Date)

Print YOUR Name: _____
Print YOUR Mailing Address: _____

Daytime Telephone: (_____) _____

IMPORTANT INFORMATION ABOUT YOUR REQUEST:

- Mail request to: **Center for Health Statistics
PO Box 9709
Olympia WA 98504-9709**
- Remember to enclose a copy of your picture identification **and** a check or money order in the amount of \$35, payable to Department of Health, with this completed form.
- If you are not the mother or father who signed the paternity affidavit, do not use this form. You must be a signatory to the paternity affidavit to make this request. Paternity affidavit information will be provided to others only by court order.
- Please make sure this form is complete, accurate and legible.
- Washington State Department of Health Center for Health Statistics can process requests for paternity affidavit filing information **ONLY** for children who were born in WASHINGTON STATE. If your child was born outside the state of Washington, please contact that state's center for health statistics or vital records division.
- Keep a copy of this completed form for future reference.
- Please allow **2 weeks** for receipt of the letter confirming the date of filing of your paternity affidavit and the birth certificate.