## IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF KING

In re the Adoption of:	NO  DECLARATION REQUESTING MAILING OF SEALED DOCUMENT (DCLR)
Name (birth name) of adoptee and Superior	or Court case number to be completed by Court staff.
This court has entered an order authorizing the C Adoption from this sealed file.	Clerk to provide me with a copy(ies) of the Decree of
I am:	
☐ The adoptee, age 18 or older. ☐ The adoptive parent.	
I am unable to travel to the Clerk's Office to app the recipient of the copy, as the Clerk's policy re	pear in person so that the Clerk can verify my identity as equires, for the following reason(s):
I ask that the court allow the Clerk to mail the coupon payment of the appropriate fees.	opy(ies) to me at the address provided in my petition
I have attached a photocopy of my picture identi passport), bearing my signature and the resident	ification (driver's license, state identification card, ial address provided in my petition.
I certify I will comply with Washington state law confidentiality of such records.	w regulating adoption records and maintain the
I certify under the penalty of perjury under the la	aws of the state of Washington that the foregoing is true.
DATED:	
	Signature of Petitioner
	Printed Name

	Address		
	City	State	Zip
	Telephor	ne number	
	Email ad	dress	
STATE OF WASHINGTON ) COUNTY OF KING )	SS.	GENERAL AFI	FIDAVIT
I,			
says: That I am the petitioner who is reque provided the court with a completed declar am requesting.			-
Subscribed and sworn to before me this	day of _	, of 2	·
*SEAL*	<u>-</u> 1 -	Notary Public in and for, located a	

## IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR KING COUNTY

IN RE THE ADOPTION OF:	NO
	ORDER AUTHORIZING CLERK TO SEND CERTIFIED COPIES BY MAIL (ORAU)
THIS MATTER having come on for hearing that the above-named individual is in need of	g before the above-entitled court this date, and it appearing of a copy/ies of court documents.
and the individual is the adoptee, age 18 or	older OR adoptive parent.
	ed from the petitioner of the petitioner's identification, as our stating that he/she is unable to pick up the documents in out of state.
and good cause having been shown to exist,	THEREFORE,
	s authorized to waive the requirement to verify the identity of number of certified copy(ies) of the Decree of ia mail to the address listed below.
Date:	
	Judge\Commissioner
Petitioner's Printed Name	Petitioner's Signature
Address	
City, State, Zip	