

## Instructions for Certification of Birth Resulting in Stillbirth Order Form

Carefully read these instructions before completing and submitting the Certification of Birth Resulting in Stillbirth Order Form. Chapter 70.58A RCW and Chapter 246-491 WAC requires all applicants to be a qualified applicant, provide identity and proof of eligibility documentation, and provide required information to order Certification of Birth Resulting in Stillbirth.

### Checklist for completing the Certification of Birth Resulting in Stillbirth Order Form:

- Complete all fields on the Certification of Birth Resulting in Stillbirth order form, sign, and date
- A copy of your identity document(s)
- Payment by mail – Check or Money Order payable to TCHD / Payment in person – Check, money order, cash, debit/credit

### What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

### Who are the qualified applicants for a Certification of Birth Resulting in Stillbirth?

Qualified applicant for a Certification of Birth Resulting in Stillbirth is the individual who gave birth to the child.

### Are you the qualified applicant listed above to the Certification of Birth Resulting in Stillbirth you are requesting?

If yes, continue. You will need to provide identity documentation.

**\*\*If you are not a qualified applicant, STOP. You will not receive a Certification of Birth Resulting in Stillbirth \*\***

### What identity documentation will PHSS accept?

PHSS will accept a copy of:

- One government issued identity document (must contain photo, full name, and date of birth) that is current or expired less than 60 days; or
- If you do not have a government issued identity document, then at least two alternate documents from the alternate list. The alternate documents must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph.

### What information is required?

The following information is required as it appears on the Certification of Birth Resulting in Stillbirth:

- First and last name of the subject of record
- First and last name of the individual who gave birth
- Date of delivery (mm/dd/yyyy)
- City or county where the birth occurred



## CERTIFICATION OF BIRTH RESULTING IN STILLBIRTH ORDER FORM

REQUESTOR INFORMATION	NAME OF PERSON ORDERING CERTIFICATE(S)		
	MAILING ADDRESS		
	CITY	STATE	ZIP CODE
	DAYTIME PHONE NUMBER	EMAIL ADDRESS	

To receive a Certification of Birth Resulting in Stillbirth certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.

SELECT RELATIONSHIP	<input type="checkbox"/> INDIVIDUAL WHO GAVE BIRTH
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STILLBIRTH RECORD DETAILS	FIRST NAME ON CERTIFICATE	FULL MIDDLE NAME ON CERTIFICATE	LAST NAME ON CERTIFICATE
	DATE OF DELIVERY (mm/dd/yyyy)	CITY OR COUNTY OF DELIVERY	
	MOTHER/PARENT FIRST NAME	MOTHER/PARENT MIDDLE NAME	MOTHER/PARENT <b>MAIDEN</b> LAST NAME
	FATHER/PARENT FIRST NAME	FATHER/PARENT MIDDLE NAME	FATHER/PARENT LAST NAME

- ☐ I have included a copy of my identity document(s) and the required nonrefundable fee. See instructions for more information.
- ☐ By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct. Further, be advised that willfully providing a false statement to vital records for a certificate is a gross misdemeanor under Washington law, RCW 70.58A.590(2).

SIGNATURE OF REQUESTOR	DATE SIGNED (mm/dd/yyyy)
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ENTER THE QUANTITY OF ORDER				
Total number of <b>CERTIFIED</b> copies		X	\$25.00	=

### Orders may be submitted by:

#### MAIL OR IN-PERSON TO:

Thurston County Public Health & Social Services  
ATTN: Vital Records  
412 Lilly Rd NE  
Olympia, WA 98506

<b>PAYMENT</b>		
<b>MAIL ORDERS – Check or Money Order only. Payable to TCHD</b>		
IN PERSON – Cash, check, money order or debit/credit card** **Fee for debit/credit card transactions is \$2.00 or 2.35% (whichever is greater)		
<b>OFFICE USE ONLY</b>		
Authorization #		
CASH AMOUNT	CHECK/M.O. #	CHECK/M.O. AMOUNT
TODAY'S DATE	IN PERSON <input type="checkbox"/>	MAILED <input type="checkbox"/>