

Instructions for Fetal Death Certificate Order Form

Carefully read these instructions before completing and submitting the Death Certificate 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 a death certificate.

Checklist for completing the Fetal Death Certificate Order Form:

- Complete all fields on the death certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility 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 fetal death certificate?

Qualified applicants for a fetal death certificate are: Parent, Sibling, Grandparent, Parent's Legal Representative, Authorized Representative, Funeral Director or Funeral Establishment listed on the record (up to 12 months from the date of death), or Government Agency or the Courts (only for official duties).

Are you one of the qualified applicants listed above to the fetal death certificate you are requesting?

If yes, continue. You will need to provide identity and proof of eligibility documentation.

****If you are not one of the listed above, STOP. You will not receive a WA State fetal death certificate****

What is proof of eligibility documentation?

Proof of eligibility documentation are documents that link you to the requested fetal death certificate.

1. If you are listed on the record and your identity documentation sufficiently links you to the record (i.e. parents), your proof of eligibility requirement is met.
2. If you are not listed on the record or your identity documentation doesn't sufficiently link you to the record, you must provide additional documentation to prove eligibility.

What documents will Public Health & Social Services (PHSS) accept to prove eligibility?

PHSS will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce that link you to the requested record
- Copies of certified court orders from a court of competent jurisdiction linking you to the record (i.e. parent's legal representative)
- Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties (for government and court officials only)

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 death certificate:

- First and last name of the subject of record
- First and last name of the individual who gave birth
- Date of delivery
- City or county where the delivery occurred

FETAL DEATH CERTIFICATE ORDER FORM

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

SELECT RELATIONSHIP	To receive a Fetal death certificate, you must indicate your relationship to the registrant below and sign the sworn statement that you are authorized to receive the certificate.	
	<input type="checkbox"/> PARENT	<input type="checkbox"/> GRANDPARENT
	<input type="checkbox"/> SIBLING	<input type="checkbox"/> COURTS
	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE	<input type="checkbox"/> PARENTS' LEGAL REPRESENTATIVE (ATTORNEY)
	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH

FETAL DEATH RECORD DETAILS	FIRST NAME	FULL MIDDLE NAME	LAST NAME
	DATE OF DELIVERY (mm/dd/yyyy)	CITY OR COUNTY OF DELIVERY	
	MOTHER/PARENT FIRST NAME	MOTHER/PARENT MIDDLE NAME	MOTHER/PARENT MAIDEN LAST NAME
	FATHER/PARENT FIRST NAME	FATHER/PARENT MIDDLE NAME	FATHER/PARENT LAST NAME

- ☐ **I have included a copy of my identity document(s), my proof of eligibility 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 CERTIFIED 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

PAYMENT		
MAIL ORDERS – Check or Money Order only. Payable to TCHD		
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)		
OFFICE USE ONLY		
Authorization #		
CASH AMOUNT	CHECK/M.O. #	CHECK/M.O. AMOUNT
TODAY'S DATE	IN PERSON <input type="checkbox"/>	MAILED <input type="checkbox"/>