SNOHOMISH COUNTY HEALTH DEPARTMENT

Snohomish County Health Department
Vital Records
3020 Rucker Avenue, Suite 104
Everett, WA 98201-3900
425.339.5290

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 a 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).
- ☐ Cashier's check or money order made payable to SCHD (certificate purchases are **nonrefundable**).

Send the order form, all documents, and payment to:

Snohomish County Health Department
Vital Records
3020 Rucker Avenue, Suite 104
Everett, WA 98201

What is a qualified applicant?
A qualified applicant is a person who can receive a certificate.

Who are the qualified applicants for certification of birth resulting in stillbirth certificate?
Qualified applicant for a certification of birth resulting in stillbirth is the individual who gave birth to the child.
You will need to provide identity and proof of eligibility documentation.

If you are not a qualified applicant, STOP. You cannot get a Certification of Birth Resulting in Stillbirth
- If you are not a qualified applicant, then you may be eligible to receive a Fetal Death Certificate.

What is proof of eligibility documentation?
Proof of eligibility documentation are documents that link you to the requested certification of birth resulting in stillbirth.
1. If you are listed on the record and your identity documentation links you to the record, your proof of eligibility requirement is met.
2. If you are not listed on the record or your identity documentation does not link you to the record, you must provide additional documentation to prove eligibility.

What identity documentation will SHD accept?
SHD 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.

For a complete list of acceptable identity documents, see the Acceptable List of Identity Documents.

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

What if I cannot provide the required documents to prove eligibility, do not have identity documents from the acceptable list, or know the required information?

If you are unable to meet the requirements, you may submit a request for an exception. This process allows you as the applicant to explain why you are unable to provide the required documentation or information. You will need to contact the Washington State Department of Health, Center for Health Statistics, P.O. Box 9709, Olympia, WA 98507, phone 360.236.4300.

What address do I put on the order form?

The address you provide on the order form must be the address you are REGISTERED to receive mail at. If that is not an option, put the name of the individual registered at the address and then put "in care of" before your name (Ex. John Doe C/O Jane Doe, 3020 Rucker Avenue, Suite 104, Everett, WA 98201). If filling in the form by hand, make sure to print clearly to avoid processing delays.

What form of payment is accepted?

For orders by mail, we accept cashier's checks or money orders made payable to SCHD.

For more information about vital records visit our website at https://www.snohd.org/467/4550/Birth-Death-Certificates//

SNOHOMISH COUNTY HEALTH DEPARTMENT

WASHINGTON STATE CERTIFICATION OF BIRTH RESULTING IN STILLBIRTH ORDER FORM

DO NOT USE ANY UNAPPROVED THIRD-PARTY VENDOR TO OBTAIN THIS FORM. DO NOT PAY A FEE FOR THIS FORM

Mail To:
Snohomish County Health Department
Vital Records
3020 Rucker Avenue, Suite 104
Everett, WA 98201-3900

WE ACCEPT VISA, MASTERCARD, CASH, MONEY ORDERS, & CASHIER'S CHECKS MADE PAYABLE TO SCHD. **NO REFUNDS**

APPLICANT INFORMATION

NAME OF PERSON ORDERING CERTIFICATE(S):

ADDRESS SENDING CERTIFICATE(S) TO: *(Street address required for FedEx)*

CITY:	STATE:	ZIP CODE:	COUNTRY:

DAYTIME TELEPHONE 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

☐ INDIVIDUAL WHO GAVE BIRTH

Fields with asterisk (*) are required to complete order

STILLBIRTH RECORD DETAILS

*FIRST NAME(S):	FULL MIDDLE NAME(S):	*LAST NAME(S):
*DATE OF DELIVERY: *(MONTH, DAY & YEAR)*		*CITY OR COUNTY OF DELIVERY:
*PARENT/MOTHER FIRST NAME(S):	PARENT/MOTHER MIDDLE NAME(S):	*PARENT/MOTHER LAST NAME(S): *(PRIOR TO FIRST MARRIAGE)*
PARENT/FATHER FIRST NAME(S):	PARENT/FATHER MIDDLE NAME(S):	PARENT/FATHER LAST NAME(S):

☐ 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 (APPLICANT)

_____
DATE SIGNED: (MM/DD/YYYY)

FEES: *Check the box to select order type then enter the quantity.*					
☐ Total number of **CERTIFIED** certificates, **BIRTH RESULTING IN STILLBIRTH**		x	$25	=	
☐ Identity Verification & Record Retention Fee (One Per Record Verification) *REQUIRED*			+	15	
☐ First Class Mail USPS (*REQUIRED* Per Mailed Order Only)			+	2	
☐ **TOTAL AMOUNT DUE** *(ADD CERTIFICATE FEE, IDENTITY FEE, & MAILING FEE FOR TOTAL DUE)*					