

Instructions for Fetal Death Certificate Order Form

Carefully read these instructions before completing and submitting the Fetal 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 fetal death certificate.

Checklist for completing the Fetal Death Certificate Order Form:

- Complete all fields on the fetal death certificate order form, sign, and date
- A copy of your identity document(s)
- A copy of your proof of eligibility document(s)
- For mailed in orders, we accept money orders or cashier's checks made payable to SCHD, no cash.
- For in person orders, we accept Visa, MasterCard, cash, money orders, or cashier's checks made payable to SCHD.
- Send the order form, all documents, and nonrefundable 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 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 the Snohomish County Health Department (SCHD) accept to prove eligibility?

SCHD will accept the following documents to prove eligibility:

- Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction 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)

For specific examples about what documents to provide based on your relationship, see the [Eligibility Documentation Matrix](#).

Vital Records

3020 Rucker Avenue, Suite 104 ■ Everett, WA 98201-3900 ■ tel: 425.339.5290



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What identity documentation will SCHD accept?

SCHD 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 fetal death certificate:

- First and last name of the decedent
- Date of death (month and year)
- City or county where the fetal death 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 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 if I need to make corrections or changes to a death certificate?

Corrections, such as spelling errors, need to have an [Affidavit of Correction](#) form completed. The form summarizes how to make a correction and can only be done for deaths that took place in Washington State. The form will need to be mailed to the Washington State Department of Health, Center for Health Statistics, P.O. Box 47814, Olympia, WA 98504-7814. Phone 360.236.4300. Family members can also contact their Funeral Home. Snohomish County Health Department cannot make any corrections to death certificates.

What address do I put on the order form?

The address you provide on the order form must be the address you are listed 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 Ave., Suite 104, Everett, WA 98201). If filling in the form by hand, please print clearly to avoid delay in processing.

What form of payment is accepted?

In person, we accept Visa, MasterCard, cash, money orders or cashier's checks made payable to SCHD. For mailed in orders we accept money orders or cashier's checks made payable to SCHD, no cash.

Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove you were eligible to receive a fetal death certificate. See WAC 246-491-990.

For more information about ordering Birth & Death Certificates, visit the Snohomish County Health Department's website at <https://www.snohd.org/467/4550/Birth-Death-Certificates>

For more information about vital records, please visit the Washington State Department of Health, Center for Health Statistics website at <https://www.doh.wa.gov/LicensesPermitsandCertificates/VitalRecords>. Phone 360.236.4300.

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WASHINGTON STATE FETAL DEATH CERTIFICATE ORDER FORM

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

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

| | | | | |
|-----------------------|--|--------|----------------|----------|
| APPLICANT INFORMATION | NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S): | | | |
| | ADDRESS: (MAILING STREET ADDRESS REQUIRED) | | | |
| | CITY: | STATE: | ZIP CODE: | COUNTRY: |
| | DAYTIME TELEPHONE NUMBER: | | EMAIL ADDRESS: | |

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.

| | | |
|---------------------|--|---|
| SELECT RELATIONSHIP | <input type="checkbox"/> PARENT | <input type="checkbox"/> GRANDPARENT |
| | <input type="checkbox"/> SIBLING | <input type="checkbox"/> COURTS |
| | <input type="checkbox"/> AUTHORIZED REPRESENTATIVE | <input type="checkbox"/> LEGAL REPRESENTATIVE |
| | <input type="checkbox"/> GOVERNMENT AGENCY | <input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH |

| | | | | |
|----------------------|----------------------------------|---|----------------------|--------------------------|
| DEATH RECORD DETAILS | NAME LISTED ON DEATH CERTIFICATE | FIRST NAME(S): | FULL MIDDLE NAME(S): | LAST NAME(S): |
| | | APPROXIMATE DATE OF DEATH: (MONTH & YEAR) | | CITY OR COUNTY OF DEATH: |

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 then enter the quantity.) | | | | |
|---|--|---|------|--------|
| <input type="checkbox"/> Total number of CERTIFIED certificates | | x | \$25 | = |
| <input type="checkbox"/> Identity Verification & Record Retention Fee (One Per Record Verification) | | | | + \$15 |
| <input type="checkbox"/> First Class Mail USPS (Per Mailed Order Only) | | | | + \$2 |
| TOTAL AMOUNT DUE | | | | |
| <small>(ADD CERTIFICATE FEE, IDENTITY FEE + MAILING FEE FOR TOTAL DUE)</small> | | | | |

| FOR OFFICE USE ONLY | | | | |
|--------------------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> NM | <input type="checkbox"/> NI | <input type="checkbox"/> NR | <input type="checkbox"/> SIE | <input type="checkbox"/> MD |
| <input type="checkbox"/> MR | <input type="checkbox"/> PP | <input type="checkbox"/> NQ | <input type="checkbox"/> IA | |
| <input type="checkbox"/> CALLED | DATE: | INITIALS: | | |
| <input type="checkbox"/> EMAILED | DATE: | INITIALS: | | |
| <input type="checkbox"/> LETTER SENT | DATE: | INITIALS: | | |
| OTHER: | | | | |