Washington State Department of HEALTH

DOH 422-234 November 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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).
- ☐ Check or money order made payable to DOH (certificate purchases are **nonrefundable**).

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

Department of Health
Center for Health Statistics
PO Box 9709
Olympia, WA 98507

Submitting the order form with a correction request?
Send all documents and payment to:

Center for Health Statistics
Attn: Corrections
PO Box 47814
Olympia, WA 98504-7814

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.

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 and proof of eligibility documentation.

****If you are not a qualified applicant, STOP. You cannot get a Certification of Birth Resulting in Stillbirth****

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 documents will the Department of Health (DOH) accept to prove eligibility?
DOH 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.

For specific examples about what documents to provide based on your relationship, see the Eligibility Documentation Matrix.

What identity documentation will DOH accept?
DOH 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 cannot meet the requirements, you may submit a request for an exception. This process allows the applicant to explain why you cannot provide the required documentation or information.

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, 111 Israel Rd SE, Tumwater, WA 98501). 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 checks or money orders made payable to DOH.

Important note: no refunds will be given if a record could not be located or the documentation you provided did not prove your eligibility to receive a fetal death certificate.

Helpful tip: To confirm DOH received your order we need:

- Check number, date it was cashed (check with your banking institution before calling DOH), and name on the check; or
- Money order number and date it was cashed (to find this date call the number provided on your money order receipt)

For more information about vital records visit our website at https://www.doh.wa.gov/vitalrecords.

REGISTER VALIDATION SPOT

Washington State Department of HEALTH

DOH 422-234 OCTOBER 2025

CERTIFICATION OF BIRTH RESULTING IN STILLBIRTH MAIL ORDER FORM

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

MAIL ORDERS TO:
Department of Health
PO BOX 9709
OLYMPIA WA 98507-9709

MAKE CHECKS & MONEY ORDERS PAYABLE TO: DOH
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):	FUL LMIDDLE 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 certifications of **BIRTH RESULTING IN STILLBIRTH**		x	$25	=	
☐ **APOSTILLE:** *(Indicate country requesting document here)*		x	$15	=	
SHIPPING: *(expedited shipping does NOT mean expedited processing)*					
☐ First Class Mail (*No additional charge)*			$0	=	
TOTAL AMOUNT DUE: *(ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)*					