Washington State Department of HEALTH

DOH 422-183 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 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). Do **NOT** send originals.
- ☐ A copy of your proof of eligibility 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

If 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 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 a qualified applicant, STOP. You will not get a Washington 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 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 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 (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.

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 fetal death certificate:

- 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, 101 Israel Rd SE, Tumwater, WA 98502). 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

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

FETAL DEATH CERTIFICATE MAIL ORDER FORM

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

MAKE CHECKS & MONEY ORDERS PAYABLE TO: DOH
NO REFUNDS

APPLICANT INFORMATION				
NAME OF PERSON/COMPANY 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 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	
☐ PARENT	☐ GRANDPARENT
☐ SIBLING	☐ COURTS
☐ AUTHORIZED REPRESENTATIVE	☐ PARENTS' LEGAL REPRESENTATIVE (ATTORNEY)
☐ GOVERNMENT AGENCY	☐ FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH

Fields with asterisk (*) are required to complete order

FETAL DEATH RECORD DETAILS			
*FIRST NAME(S):	FULL MIDDLE NAME(S):	*LAST NAME(S):	
*DATE OF DELIVERY: *(MONTH & 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 **FETAL DEATH** certificates		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)*					