Washington State Department of HEALTH

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.

DOH 422-313 November 2026

Application to Amend a Stillbirth or Fetal Death Certificate

Is This the Right Form?

Use this form to amend (officially fix or update) a certification of birth resulting in stillbirth or a fetal death certificate.

Do **NOT** use this form for changing the cause of death, injury, or day and time of death sections. Only the medical certifier who signed the fetal death certificate can submit a request to correct this information.

Note: A fetal death record is used to issue both a certification of birth resulting in stillbirth (also known as a stillbirth certificate) and a fetal death certificate.

Who Can Ask for Updates?

Only a **parent** named on the certificate, **sibling**, or **grandparent** may ask to update a fetal death record.

How to Apply

1. Have the current (incorrect) certificate with you while filling out this application.
2. Gather your supporting proof documents.
3. Fill out the application using blue or black ink.
    - All fields are required.
    - You can type on it using your computer or print it and write by hand.
4. Make a copy of the photo ID for every person who signs the application.
5. Put these items in an envelope:
    - Pages 3 and 4 of the application.
    - Copies of government-issued IDs for everyone who signed.
    - Your supporting proof documents – see Guide on Supporting Proof Documents (PDF).
    - Your proof that you qualify, if needed – see Guide on Proving You Qualify (PDF).
6. Mail everything to:

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

Common Questions

Can I use one document for more than one thing?

Yes. One document can prove who you are, prove how you are related, or give the correct information for the change. For example, a passport can prove your identity and give the correct spelling to update a name.

What does a supporting proof document do?

A supporting proof document proves the amendment you want made. Because we need to link the amendment to the person, proof documents must show the full name and date of birth for the person whose information you want to amend.

Some examples of what we can accept include:

- Passport
- REAL ID compliant driver's license or ID card
- Birth, marriage, or divorce certificate
- Certificate of Naturalization
- Permanent resident card (I-551)
- Military record (DD-214)
- Hospital or medical record
- Health or life insurance policy
- Official school transcripts
- Government benefit record (such as Medicaid or social services)
- Social Security Abstract

Proof documents we do NOT accept:

- Driver's license or ID card that is **not** REAL ID compliant
- Decorative hospital birth certificate
- Social Security card
- Family Bible

See the Guide on Supporting Proof Documents (DOH 422-317) for more information on supporting proof documents.

Will you send me a new certificate after finishing the amendment?

We do not automatically send out certificates after an amendment. We will mail you a confirmation letter that the amendment was made with next steps for ordering a certificate.

You **can exchange or order** a certificate **at the same time** as you ask for an amendment **by sending both in the same envelope**. Your ID and proof you qualify for the amendment can also be used for the certificate exchange or purchase. We will mail new certificates after the amendment is made.

Free Exchange – Certificate issued less than 1 year ago
If you have a certificate that was issued by the Washington State Department of Health or a Washington State local health department within the last year, we will exchange it for free. The issue date is usually found on the back of the certificate in the lower-right corner.

- Send us the certificates to exchange with the amendment application.

Order and Pay - Certificate issued more than 1 year ago
If the certificate was issued more than a year ago, you must buy a new one.

- Send us a completed fetal death certificate order form (PDF) and payment with this application. Make sure to use the updated information on the order form and follow the instructions to avoid delays.
- Only the person who delivered may order the certification of birth resulting in stillbirth (PDF).

Questions or Application Status?

Website: www.doh.wa.gov/CertificateCorrections
Email: VitalRecordsCorrections@doh.wa.gov
Phone: 360-236-4300, Monday – Friday 9:00 a.m. to 2:00 p.m.

Washington State Department of HEALTH

DOH 422-313 November 2026

Mail to:
Center for Health Statistics
PO Box 47814
Olympia, WA 98504-7814

Application to Amend a Fetal Death Record

Information About You

First Name **Middle Name** **Last Name**

Your Relationship with the Stillborn Child on the Certificate

◯ Parent ◯ Sibling ◯ Grandparent

Your Mailing Address

PO Box or Street address | Unit Number | City | State | Zip code

Your Contact Information

Phone number (U.S. only) | Email address

Information Currently Shown on the Certificate

We use this information to locate the record. Please make sure to use what is on the certificate now.

Information About the Stillborn Child

First Name | Middle Name | Last Name

Date of Delivery | City or County of Delivery

Mother or Parent 1 Name

First | Middle | Last

Father or Parent 2 Name

First | Middle | Last

Tell Us the Updates You Want Made

What's wrong? ⟶ (Example: child first name)	**The certificate now shows:** ⟶ (Example: Jon)	**The certificate should show:** (Example: Jonathan)
Wrong item 1	Now shows	Should show
Wrong item 2	Now shows	Should show
Wrong item 3	Now shows	Should show
Wrong item 4	Now shows	Should show
Wrong item 5	Now shows	Should show

Authorize Your Request

By signing this form, I declare under penalty of perjury under the laws of the state of Washington that the information I provided is true and correct.

Your Signature **Date Signed**

Application checklist:

- ☐ All sections of the application are complete, including required signatures and date signed.
- ☐ I included a copy of my required identity documents.
- ☐ I included a copy of the proof documents required to update the certificate.
- ☐ I included a copy of my proof of relationship with the person on the certificate, if required.

Stop! This section is for state vital records office use only.

State File Number	Fee Number	Initial	Date	Application Number