

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).
- Cashier** check or money order made payable to KPHD (certificate purchases are **non-refundable**).
- Send the order form, all documents, and non-refundable payment to:

Kitsap Public Health District
Vital Records
345 6th Street, Suite 300
Bremerton, WA 98337

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 Kitsap Public Health accept to prove eligibility?

KPHD 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).

View the [Proof of Eligibility Matrix \(wa.gov\)](#) for examples of how to prove qualifying relationship.

What identity documentation will Kitsap Public Health accept?

KPHD 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?

We accept Visa or Mastercard, **cashier** checks or money orders for requests mailed to Kitsap Public Health. Make sure your **cashier** check or money order is made payable to KPHD.

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 birth certificate.

MAIL ORDERS TO:

Kitsap Public Health District
Vital Records
345 6th Street, Suite 300
Bremerton, WA 98337

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

FETAL DEATH CERTIFICATE ORDER FORM

**MAKE CASHIER CHECKS & MONEY
ORDERS PAYABLE TO: KPHD
NO REFUNDS**

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE(S):			
	ADDRESS SENDING CERTIFICATE(S) TO:			
	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	<input type="checkbox"/> PARENT	<input type="checkbox"/> GRANDPARENT
	<input type="checkbox"/> SIBLING	<input type="checkbox"/> COURTS
	<input type="checkbox"/> AUTHORIZED REPRESENTATIVE	<input type="checkbox"/> PARENTS' LEGAL REPRESENTATIVE (ATTORNEY)
	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> 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)

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	CARD NUMBER: _____	SECURITY CODE: _____	EXPIRATION DATE: _____
CHIP ON CARD: <input type="checkbox"/> YES <input type="checkbox"/> NO		CARDHOLDER ZIP CODE: _____		

FEES: Check the box to select order type then enter the quantity.				
<input type="checkbox"/> Total number of FETAL DEATH certificates		x	\$25	=
SHIPPING: (expedited shipping does NOT mean expedited processing)				
<input type="checkbox"/> Shipping and handling			\$4.50	=
TOTAL AMOUNT DUE: (ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE)				

FOR OFFICE USE ONLY		
<input type="checkbox"/> CALLED	DATE: _____	INITIALS: _____
<input type="checkbox"/> EMAILED	DATE: _____	INITIALS: _____
<input type="checkbox"/> LETTER SENT	DATE: _____	INITIALS: _____