

## 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)
- ☐ Credit card payment or money order made payable to GCHD (certificate purchases are nonrefundable)

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

Grant County Health District  
1038 W Ivy Ave  
Moses Lake, WA 98837

### 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 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 GCHD accept to prove eligibility?** GCHD 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](#).

**What identity documentation will GCHD**

**accept?** GCHD 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.

**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, please print clearly to avoid delay in processing.

**What form of payment is accepted?**

We accept credit card information or money orders for requests mailed to GCHD. Make sure your money order is made payable to GCHD.

**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.

**Helpful tip:** To confirm that GCHD has received your order over the phone, we need:

- For Money Orders: Money order number and date it was cashed (to find this date call the number provided on your money order receipt)
- For Credit Card Payments: Transaction details: Name of applicant, name of certificate details, and the date of the transaction.

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

RECEIPT #: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
☐ MAIL ☐ EXPEDITE  
☐ P/U PHA: \_\_\_\_\_

**MAIL ORDERS TO:**  
Grant County Health District  
1038 W Ivy Ave  
Moses Lake, WA 98837

## FETAL DEATH CERTIFICATE MAIL ORDER FORM

Make money orders payable to: GCHD  
For Credit card payments, please select this box:  
Call for Payment

**\*\*NO REFUNDS\*\***

APPLICANT INFORMATION	NAME OF PERSON/COMPANY ORDERING CERTIFICATE (S):			
	ADDRESS SENDING CERTIFICATE (S) TO: (STREET ADDRESS REQUIRED FOR FEDEX ORDERS)			
	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"/> LEGAL REPRESENTATIVE
	<input type="checkbox"/> GOVERNMENT AGENCY	<input type="checkbox"/> FUNERAL DIRECTOR/FUNERAL ESTABLISHMENT WITHIN 12 MONTHS FROM DATE OF DEATH

All the following fields must be completed to process the order.

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

- ☐ 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)

<b>FEES:</b> Check the box to select order type then enter the quantity.				
<input type="checkbox"/> Total number of FETAL DEATH certificates		x	\$25	=
<b>SHIPPING:</b> (expedited shipping does NOT mean expedited processing)				
<input type="checkbox"/> First Class Mail			\$2	=
<b>TOTAL AMOUNT DUE:</b> (ADD THE FEE AMOUNT + SHIPPING FOR TOTAL DUE):				

DATE SIGNED: (MM/DD/YYYY)

FOR OFFICE USE ONLY	
<input type="checkbox"/> JH <input type="checkbox"/> SD <input type="checkbox"/> DC <input type="checkbox"/> AP <input type="checkbox"/> AD	<input type="checkbox"/> ID VERIFIED
<input type="checkbox"/> YD <input type="checkbox"/> RM <input type="checkbox"/> MC <input type="checkbox"/> DM <input type="checkbox"/> IM	
CERTIFICATE #: _____	DATE ISSUED: _____
ISSUED BY: <input type="checkbox"/> JH <input type="checkbox"/> SD <input type="checkbox"/> AP <input type="checkbox"/> DM <input checked="" type="checkbox"/> IM	
<b>PICK UP:</b>	
PRINTED NAME: _____	DATE: _____
SIGNATURE: _____	