

Chapter 246-491 WAC
VITAL STATISTICS—CERTIFICATES

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WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-491-001	Purpose. [Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. WSR 02-20-092, § 246-491-001, filed 10/1/02, effective 11/1/02.] Repealed by WSR 20-13-017, filed 6/5/20, effective 1/1/21. Statutory Authority: 2019 c 148.
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WAC 246-491-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

- (1) "Authorized representative" means a person permitted to receive a certification who is:
 - (a) Identified in a notarized statement signed by a qualified applicant; or
 - (b) An agency identified in a power of attorney as defined in chapter 11.125 RCW.
- (2) "Board" means the state board of health.
- (3) "Certification" means the document, in either paper or electronic format, containing all or part of the information contained in the original vital records from which the document is derived, and is issued from the central vital records system. A certification includes an attestation by the state or local registrar to the accuracy of information, and has the full force and effect of the original vital record.
- (4) "Department" means the department of health.
- (5) "Informational copy" means a birth or death record issued from the central vital records system, containing all or part of the information contained in the original vital record from which the document is derived, and indicating it cannot be used for legal purposes on its face.
- (6) "Legal guardian" means a person who serves as a guardian for the purpose of either legal or custodial matters, or both, relating to the person for whom the guardian is appointed. The term legal guardian includes, but is not limited to, guardians appointed pursuant to chapters 11.88 and 13.36 RCW.
- (7) "Legal representative" means a licensed attorney representing either the subject of the record or qualified applicant.
- (8) "Qualified applicant" means a person who is eligible to receive a certification of a vital record based on the standards established by chapter 70.58A RCW and this chapter.

(9) "Report" means an electronic or paper document containing information related to a vital life event for the purpose of registering the vital life event.

(10) "Vital life event" means a birth, death, fetal death, marriage, dissolution of marriage, dissolution of domestic partnership, declaration of invalidity of marriage, declaration of invalidity of domestic partnership, and legal separation.

(11) "Vital record" or "record" means a report of a vital life event that has been registered and supporting documentation.

(12) "Vital records system" means the statewide system created, operated, and maintained by the department.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-010, filed 6/5/20, effective 1/1/21. Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. WSR 02-20-092, § 246-491-010, filed 10/1/02, effective 11/1/02.]

WAC 246-491-029 Information collected on the confidential section of live birth and fetal death certificates; modifications to the United States standard certificates and report forms. (1) Effective January 1, 2003, the department shall use the 2003 revisions of the United States standard forms of live birth and fetal death as the basis for the state certificates of live birth and fetal death. These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics.

(2) Copies of these forms may be obtained by contacting the department's center for vital statistics.

(3) Tables 1 and 2 list the statistical information contained in the confidential sections of the birth and fetal death certificates that the board requires the department to collect, and the differences between the state and U.S. standard.

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

**TABLE 1:
Confidential Birth Certificate Items**

Item Number	Item Name	Difference from U.S. Standard, if any
15	Is mother married to the father? If no, was mother married to anyone during the pregnancy? Has the paternity affidavit been signed?	Added
20	Mother's education	Add "Specify": next to box for "8th Grade or less"
21	Mother of Hispanic origin?	
22	Mother's race	
23	Mother's occupation	Added
24	Mother's kind of business/industry	Added

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

**TABLE 1:
Confidential Birth Certificate Items**

Item Number	Item Name	Difference from U.S. Standard, if any
29	Father's education	Add "Specify": next to box for "8th Grade or less"
30	Father of Hispanic origin?	
31	Father's race	
32	Father's occupation	Added
33	Father's kind of business/industry	Added
34	Mother's medical record number	
35	Mother's prepregnancy weight	
36	Mother's weight at delivery	
37	Mother's height	
38	Did mother get WIC food for herself during pregnancy?	
39	Cigarette smoking before and during pregnancy	
40a	Number of previous live births	
40b	Date of last live birth	
41a	Number of other pregnancy outcomes	
41b	Date of last other pregnancy outcome	
42a	Date of first prenatal care visit	
42b	Date of last prenatal care visit	
43	Total number of prenatal visits for this pregnancy	
44	Date last normal menses began	
45	Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?	
46	Principal source of payment for this delivery	Add "Indian Health" and "CHAMPUS"
47	Newborn medical record number	
48	Birth weight	
49	Infant head circumference	Added

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

**TABLE 1:
Confidential Birth Certificate Items**

Item Number	Item Name	Difference from U.S. Standard, if any
50	Obstetric estimate of gestation	
51	Apgar score at 5 min; if score is less than 6, score at 10 minutes	
52	Plurality	
53	If not single birth - born 1st, 2nd, 3rd etc.	
54	Was infant transferred within 24 hours of delivery?	
55	Is infant living at time of the report?	
56	Is infant being breastfed?	
57	Risk factors in this pregnancy	Add "Group B streptococcus culture positive"
58	Method of delivery	
59	Infections present and/or treated during this pregnancy	Add "HIV infection" and "Other: Specify"
60	Obstetric procedures	
61	Abnormal conditions of the newborn	
62	Characteristics of labor and delivery	
63	Congenital anomalies of the newborn	
64	Maternal morbidity	
65	Onset of labor	

U.S. STANDARD REPORT OF FETAL DEATH

**TABLE 2:
Confidential Fetal Death Certificate Items**

Item Number	Item Name	Difference from U.S. Standard, if any
38	Weight of fetus	
39	Obstetric estimate of gestation	
40	Plurality	
41	If not single birth - Born 1st, 2nd, 3rd etc.	
42	Mother's education	Add "Specify": next to box for "8th Grade or less"
43	Mother of Hispanic origin?	
44	Mother's race	

U.S. STANDARD REPORT OF FETAL DEATH

**TABLE 2:
Confidential Fetal Death Certificate Items**

Item Number	Item Name	Difference from U.S. Standard, if any
45	Mother's occupation	Added
46	Mother's kind of business/industry	Added
47	Mother married?	
48	Mother's height	
49	Did mother get WIC food for herself during pregnancy?	
50	Mother's prepregnancy weight	
51	Mother's weight at delivery	
52	Date last normal menses began	
53	Date of first prenatal care visit	
54	Date of last prenatal care visit	
55	Total number of prenatal visits for this pregnancy	
56a	Number of previous live births	
56b	Date of last live birth	
57a	Number of other pregnancy outcomes	
57b	Date of last other pregnancy outcome	
58	Cigarette smoking before and during pregnancy	
59	Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?	
60	Father's education	Added
61	Father of Hispanic origin?	Added
62	Father's race	Added
63	Father's occupation	Added
64	Father's kind of business/industry	Added
65	Risk factors in this pregnancy	
66	Method of delivery	
67	Congenital anomalies of the fetus	
68	Maternal morbidity	

U.S. STANDARD REPORT OF FETAL DEATH

**TABLE 2:
Confidential Fetal Death Certificate Items**

Item Number	Item Name	Difference from U.S. Standard, if any
69	Infections present and/or treated during this pregnancy	Add "HIV infection" and "Other: Specify"

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. WSR 02-20-092, § 246-491-029, filed 10/1/02, effective 11/1/02. Statutory Authority: Chapter 70.58 RCW. WSR 91-20-073 (Order 196B), § 246-491-029, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-491-029, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. WSR 88-19-092 (Order 310), § 248-124-010, filed 9/20/88. Statutory Authority: RCW 43.20.050 and 70.58.200. WSR 84-02-004 (Order 270), § 248-124-010, filed 12/23/83; Order, § 248-124-010, filed 9/1/67.]

WAC 246-491-039 Obtaining confidential information on birth and fetal death records.

(1) The confidential sections of birth and fetal death records shall not be released except upon order of a court with jurisdiction over the department or as specified in subsection (2) of this section.

(2) The individual who is the subject of a birth record may request the confidential information as described in (c) of this subsection related to their own birth record if they comply with the following requirements:

(a) An individual must submit a request to the department on the required form and provide proper identity documentation as described in (b) of this subsection.

(b) Any person requesting confidential information contained in their own birth record must provide the department with valid proof of identity. For the purpose of this section, proof of identity means:

(i) A current and valid government issued identification that contains a photograph.

(ii) A legal record documenting any name change, if needed, to verify that the individual and the subject of the birth record are the same person.

(iii) If the individual making the request is not applying in person, a notarized signature of the individual making the request must be included with the proof of identity.

(c) The department shall, upon receipt of a request that complies with (a) and (b) of this subsection to the satisfaction of the state registrar, provide the individual with only the following items, if available, from their birth record:

- (i) Newborn medical record number;
- (ii) Birth weight;
- (iii) Infant head circumference;
- (iv) Obstetric estimate of gestation;
- (v) Apgar scores;
- (vi) Infant transferred within twenty-four hours of delivery;

- (vii) Abnormal conditions of the newborn; and
- (viii) Congenital anomalies of the newborn.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-039, filed 6/5/20, effective 1/1/21. Statutory Authority: RCW 70.58.055. WSR 10-10-041, § 246-491-039, filed 4/27/10, effective 5/28/10. Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. WSR 02-20-092, § 246-491-039, filed 10/1/02, effective 11/1/02. Statutory Authority: Chapter 70.58 RCW. WSR 91-20-073 (Order 196B), § 246-491-039, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050. WSR 91-02-051 (Order 124B), recodified as § 246-491-039, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. WSR 88-19-092 (Order 310), § 248-124-015, filed 9/20/88.]

WAC 246-491-149 Information collected on the legal or public section of vital records. The department shall collect the following items on the legal or public section of reports for registration into the statewide vital records system in accordance with chapter 70.58A RCW and this section.

REPORT OF LIVE BIRTH

**Table 3:
Legal or Public Birth Record Items**

Item Name	Difference from U.S. Standard, if any
Child's name	
Child's date of birth	
Time of birth	
Type of birthplace	Add "En route," Add "Planned birthplace if different"
Child's sex	
Name of facility	
City, town or location of birth	
County of birth	
Mother/Parent's name before first marriage	
Mother/Parent's date of birth	
Mother/Parent's birthplace	
Mother/Parent's Social Security number	
Mother/Parent's current legal last name	
Social Security number requested for child?	
Mother/Parent's residence - Number, street, and Apt. No.	
Mother/Parent's residence - City or town	
Mother/Parent's residence - County	

Item Name	Difference from U.S. Standard, if any
Tribal reservation name (if applicable)	Added
Mother/Parent's residence - State or foreign country	
Mother/Parent's residence - Zip code + 4	
Mother/Parent's residence - Inside city limits?	
Telephone number	Added
How long at current residence?	Added
Mother/Parent's mailing address, if different	
Father/Parent's current legal name	
Father/Parent's date of birth	
Father/Parent's birthplace	
Father/Parent's Social Security number	
Certifier name and title	Delete check boxes
Date certified	
Attendant name and title	Delete check boxes
NPI of person delivering the baby	

REPORT OF FETAL DEATH

**Table 4:
Legal or Public Fetal Death Record
Items**

Item Name	Difference from U.S. Standard, if any
Name of fetus	
Sex	
Date of delivery	
Time of delivery	
Type of birthplace	Add "En route," Add "Planned birthplace if different"
Name of facility	
Facility ID (NPI)	
City, town or location of birth	
Zip code of delivery	
County of birth	
Mother/Parent's name before first marriage	
Mother/Parent's date of birth	
Mother/Parent's current legal last name	
Mother/Parent's birthplace	

Item Name	Difference from U.S. Standard, if any
Mother/Parent's residence - Number, street, and Apt. No.	
Mother/Parent's residence - City or town	
Mother/Parent's residence - County	
Tribal reservation name (if applicable)	Added
Mother/Parent's residence - State or foreign country	
Mother/Parent's residence - Zip code + 4	
Mother/Parent's residence - Inside city limits?	
How long at current residence?	Added
Father/Parent's current legal name	
Father/Parent's date of birth	
Father/Parent's birthplace	
Name and title of person completing the report	
Date report completed	
Attendant name and title	Delete check boxes
NPI of person delivering the baby	
Method of disposition	
Date of disposition	
Place of disposition	Added
Location of disposition - City/ town and state	Added
Name and complete address of funeral facility	Added
Funeral director signature	Added
Initiating cause/condition (cause of death)	
Other significant causes or conditions	
Estimated time of fetal death	
Was an autopsy performed?	
Was a histological placental examination performed?	
Were autopsy or histological placental examination results used in determining the cause of death?	
Registrar signature	Added
Date received	

REPORT OF DEATH
Table 5:
Death Record Items

Item Name	Difference from U.S. Standard, if any
Legal name (include a.k.a. if any)	
Death date	
Sex	Add "X" as nonbinary option
Age - Years	
Age - Under 1 year	
Age - Under 1 day	
Social Security number	
County of death	
Birth date	
Birth place - City, town or county	
Birth place - State or foreign country	
Decedent's education	Add "Specify": next to box for "8th Grade or less"
Decedent's Hispanic origin	
Decedent's race	
Was decedent ever in U.S. Armed Forces?	
Residence - Number and street	
Residence - City or town	
Residence - County	
Tribal reservation name (if applicable)	Added
Residence - State or foreign country	
Residence - Zip code	
Inside city limits?	
Estimated length of time at residence	Added
Marital status at time of death	
Surviving spouse's name	
Occupation	
Kind of business/industry	
Father/Parent's name	
Mother/Parent's name before first marriage	
Informant - Name	
Informant - Relationship to decedent	
Informant - Address	
Place of death	
Facility name (if not a facility, give number and street)	
City, town, or location of death	
State of death	
Zip code of death	
Method of disposition	

Item Name	Difference from U.S. Standard, if any
Place of disposition (name of cemetery, crematory, other place)	
Disposition - City/town, and state	
Name and complete address of funeral facility	
Date of disposition	Added
Funeral director signature	
Causes of death and intervals between onset and death	
Other significant conditions contributing to death	
Autopsy?	
Were autopsy findings available to complete the cause of death?	
Manner of death	
Pregnancy status	
Did tobacco use contribute to death?	
Date of injury	
Hour of injury	
Place of injury	
Injury at work?	
Injury location - Street, city, county, state, zip	County Added
Describe how injury occurred	
Transport injury type	
Certifying physician signature	
Medical examiner/coroner signature	
Name and address of certifier	
Hour of death	
Name and title of attending physician if other than certifier	Added
Date certified	
Title of certifier	
License number of certifier	
ME/coroner file number	Added
Was case referred to medical examiner?	
County registrar signature	Added
County date received	Added
Record amendment	Added

REPORT OF MARRIAGE

**Table 6:
Certification of Marriage**

Item Name	Difference from U.S. Standard, if any
Certificate name	Modified
County of license	Added
Date valid	
Not valid after (date)	
County auditor signature	
Date received (by county auditor)	
Person A - Bride/groom/spouse	Added
Legal name before marriage	Modified
Birth name, if different	Added
Sex	Added
Current residence (street, city/ town)	
County of residence	
State of residence	
Date of birth	
Birth state (if not USA, provide country)	
Mother/Parent's birth name	Modified
Father/Parent's birth name	Modified
Mother/Parent's birth state (or country)	Modified
Father/Parent's birth state (or country)	Modified
Person B - Bride/groom/spouse	Added
Legal name before marriage	
Birth name, if different	Modified
Sex	Added
Current residence (street, city/ town)	
County of residence	
State of residence	
Date of birth	
Birth state (if not USA, provide country)	
Mother/Parent's birth name	Modified
Father/Parent's birth name	Modified
Mother/Parent's birth state (or country)	Modified
Father/Parent's birth state (or country)	Modified
Date of marriage	
County of ceremony	
Type of ceremony	Added
Date signed (by officiant)	Added
Officiant's address	
Officiant's daytime phone	Added
Officiant's name	
Officiant's signature	

Item Name	Difference from U.S. Standard, if any
Witness signature	
Witness signature	
Person A signature	Modified
Date signed (by person A)	Added
Person B signature	Modified
Date signed (by person B)	Added
Person A - Social Security number	Added
Person A - Name	Added
Person B - Social Security number	Added
Person B - Name	Added
Person A signature - Declaration in absence of a Social Security number	Added
Person A date - Declaration in absence of a Social Security number	Added
Person B signature - Declaration in absence of a Social Security number	Added
Person B date - Declaration in absence of a Social Security number	Added

REPORT OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNUL-
MENT

Table 7:
**Certification of Dissolution, Decla-
ration of Invalidity of Marriage, or
Legal Separation**

Item Name	Difference from U.S. Standard, if any
Certificate name	Modified
Court file number	Added
Type of decree	
Date of decree	
County where decree filed	
Signature of superior court clerk	
Spouse A - Name	Added
Birth name, if different	Added
Date of birth	
Place of birth (state or country)	
Residence - Street	Added
Residence - City	
Residence - County	
Residence - State	
Spouse B - Name	Added
Birth name, if different	Modify

Item Name	Difference from U.S. Standard, if any
Date of birth	
Place of birth (state or country)	
Residence - Street	Added
Residence - City	
Residence - County	
Residence - State	
Place of marriage -County	
Place of marriage - State	
Date of marriage	
Number of children born alive of this marriage	Added
Petitioner	
Name of petitioner's attorney or pro se	
Petitioner's attorney's address	
Spouse A Social Security number	Added
Spouse B Social Security number	Added

**Table 8:
Certification of Dissolution of
Washington State Domestic Partner-
ship**

Item Name
Certificate name
Court file number
Type of decree
Date of decree
County where decree filed
Signature of superior court clerk
First partner's name
First partner's name at birth
First partner's date of birth
First partner's place of birth
First partner's residence - Street
First partner's residence - City
First partner's residence - Inside city limits
First partner's residence - County
First partner's residence - State
Second partner's name
Second partner's name at birth
Second partner's date of birth
Second partner's place of birth
Second partner's residence - Street
Second partner's residence - City
Second partner's residence - Inside city limits
Second partner's residence - County
Second partner's residence - State

Item Name

Date of this partnership
 Domestic partnership certificate number
 Petitioner
 Name of petitioner's attorney/pro se
 Petitioner's address

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-149, filed 6/5/20, effective 1/1/21. Statutory Authority: RCW 43.70.150 and 26.60.100. WSR 14-04-092, § 246-491-149, filed 2/4/14, effective 3/7/14. Statutory Authority: RCW 43.70.150. WSR 13-01-004, § 246-491-149, filed 12/6/12, effective 12/6/12. Statutory Authority: RCW 26.09.150. WSR 09-11-111, § 246-491-149, filed 5/19/09, effective 6/19/09. Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. WSR 02-20-092, § 246-491-149, filed 10/1/02, effective 11/1/02. Statutory Authority: RCW 43.70.150. WSR 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620. WSR 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

WAC 246-491-159 Items on birth and death certifications and informational copies. Certifications and informational copies of birth and death records issued from the state vital records system must contain only items in accordance with this section.

(1) Unless the items are not available or were not collected at the time of birth registration, certifications of birth, certifications of delayed birth, and informational copies of birth and delayed births will display only the following items:

Vital Record Item	Certification of Birth and Informational Birth Copy	Certification of Delayed Birth and Informational Delayed Birth Copy
State file number	Yes	Yes
Date certificate issued	Yes	Yes
First and middle name(s) of subject of the record	Yes	Yes
Last name(s) of subject of the record	Yes	Yes
Date of birth of subject of the record	Yes	Yes
Facility born	Yes	Yes
Place of birth (city, county, state)	Yes	Yes
Time of birth	Yes	Yes
Sex	Yes	Yes
Mother/parent's name prior to first marriage	Yes	Yes
Mother/parent's place of birth	Yes	Yes
Mother/parent's date of birth or age at the time of child's birth	Yes	Yes
Father/parent's current legal name	Yes	Yes
Father/parent's place of birth	Yes	Yes
Father/parent's date of birth or age at the time of child's birth	Yes	Yes

Vital Record Item	Certification of Birth and Informational Birth Copy	Certification of Delayed Birth and Informational Delayed Birth Copy
Evidence required by RCW 70.58A.120, 70.58A.130, and WAC 246-490-081	No	Yes
Date record filed	Yes	Yes
Fee number	Yes	Yes
Signature of applicant	No	Yes

(2) (a) For deaths registered starting January 1, 2018, long form certifications of death, short form certifications of death, and informational copies of death will display only the following items:

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
State file number	Yes	Yes	Yes
Date certificate issued	Yes	Yes	Yes
Fee number	Yes	Yes	Yes
Decedent's legal first and middle name(s)	Yes	Yes	Yes
Decedent's last name(s)	Yes	Yes	Yes
County of death	Yes	Yes	Yes
Date of death	Yes	Yes	Yes
Hour of death	Yes	Yes	Yes
Sex	Yes	Yes	Yes
Age	Yes	Yes	Yes
Social Security number	Yes	No	No
Place of death	Yes	Yes	Yes
Facility or address of death	Yes	Yes	Yes
City, state, zip	Yes	Yes	Yes
Hispanic origin	Yes	Yes	Yes
Race	Yes	Yes	Yes
Residence street	Yes	Yes	Yes
Residence city, state, zip	Yes	Yes	Yes
Residence county	Yes	Yes	Yes
Is residence inside city limits?	Yes	Yes	Yes
Tribal reservation	Yes	Yes	Yes
Length of time at residence	Yes	Yes	Yes
Birth date	Yes	Yes	Yes
Birthplace	Yes	Yes	Yes
Father/parent name	Yes	Yes	Yes
Mother/parent name	Yes	Yes	Yes
Marital status	Yes	Yes	Yes
Spouse	Yes	Yes	Yes
Method of disposition of remains	Yes	Yes	Yes
Place of disposition of remains	Yes	Yes	Yes
City, state of disposition of remains	Yes	Yes	Yes
Disposition date of remains	Yes	Yes	Yes
Occupation	Yes	Yes	Yes
Industry	Yes	Yes	Yes
Education	Yes	Yes	Yes

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
U.S. Armed Forces	Yes	Yes	Yes
Informant name	Yes	Yes	Yes
Informant's relationship to decedent	Yes	Yes	Yes
Informant's address	Yes	Yes	Yes
Funeral facility	Yes	Yes	Yes
Funeral facility address	Yes	Yes	Yes
Funeral facility city, state, zip	Yes	Yes	Yes
Funeral director name	Yes	Yes	Yes
Cause of death (A, B, C, and D)	Yes	No	No
Other conditions contributing to death	Yes	No	No
Date of injury	Yes	No	No
Hour of injury	Yes	No	No
Injury at work	Yes	No	No
Place of injury	Yes	No	No
Location of injury	Yes	No	No
City, state, zip of injury	Yes	No	No
County of injury	Yes	No	No
Describe how the injury occurred	Yes	No	No
If transportation injury, specify	Yes	No	No
Manner of death	Yes	No	No
Autopsy	Yes	No	No
Were autopsy findings available to complete cause of death?	Yes	No	No
Did tobacco use contribute to death?	Yes	No	No
Pregnancy status if female	Yes	No	No
Certifier name	Yes	No	No
Certifier title	Yes	No	No
Certifier address	Yes	No	No
Certifier city, state, zip	Yes	No	No
Date signed by certifier	Yes	No	No
Case referred to ME/coroner?	Yes	No	No
File number	Yes	No	No
Attending physician	Yes	No	No
Local deputy registrar	Yes	Yes	Yes
Date received by local deputy registrar	Yes	Yes	Yes

(b) For deaths registered before January 1, 2018, long form certifications of death will contain only the vital record items as indicated for long form certification in (a) of this subsection if such vital record items are available or were collected at the time of death registration.

(c) For deaths registered before January 1, 2018, informational copies of death will contain only the vital record items as indicated for informational death copy in (a) of this subsection if such vital record items are available or were collected at the time of death registration.

(d) The short form certification of death is not available for deaths registered before January 1, 2018.

(3) Certification of fetal death will display only the following items:

Vital Record Item
Local file number
State file number
Name of fetus (first, middle, last, suffix)
Sex
Date of delivery
Time of delivery
Type of birthplace
Planned birthplace, if different
Name of facility
Facility I.D.
City, town, or location of delivery
Zip code of delivery
County of delivery
Mother's name before first marriage (first, middle, last)
Mother's date of birth
Mother's current legal last name, if different
Mother's birthplace (state, territory, or foreign country)
Mother's residence - Number and street
Mother's residence - Apt no.
Mother's residence - City or town
Mother's residence - County
If you live on tribal reservation, give name
State or foreign country
Zip code +4
Mother's residence inside city limits
How long at current residence?
Name and title of person completing cause of death
Signature of person completing cause of death
Date signed by person completing cause of death
Name and title of person delivering the fetus
NPI of person delivering the fetus
Method of disposition
Date of disposition
Place of disposition
Disposition location - City/town, and state
Name and complete address of funeral facility
Funeral director signature
Initiating cause/condition
Other significant causes or conditions
Estimated time of fetal death
Was an autopsy performed?
Was a histological placental examination performed?
Registrar signature
Date received by local registrar

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-159, filed 6/5/20, effective 1/1/21.]

WAC 246-491-300 Requirements for ordering certifications of birth, death, and fetal death. (1) For certifications of birth, death, and fetal death, the state or local registrar shall release certifications only to qualified applicants as permitted by chapter 70.58A RCW.

(2) For each application, the qualified applicant must submit all of the following:

(a) Information to correctly identify the record consistent with the requirements of WAC 246-491-310;

(b) Identity documentation consistent with the requirements of WAC 246-491-320;

(c) Evidence of eligibility consistent with the requirements of WAC 246-491-330; and

(d) Fees required by RCW 70.58A.560 and WAC 246-491-990, or evidence that the qualified applicant is eligible to receive certifications of a vital record at no charge as required by WAC 246-491-350.

(3) All identity documentation and evidence of eligibility documentation submitted to the state or local registrar from the applicant must originate from a source which the state or local registrar can reasonably verify the authenticity of the documentation.

(4) The applicant must submit all required information and documentation to the state or local registrar within thirty days of the state or local registrar requesting additional information. After thirty days, the application is considered denied.

(5) When the applicant cannot submit the required information or documentation, the applicant will be given an opportunity through an exception process to explain the circumstances to the state or local registrar. If the circumstances presented would have prevented the applicant from providing items required by this section, the state or local registrar may grant an exception and issue the record.

(6) The state or local registrar may deny an application if the applicant fails to meet the requirements of this section or chapter 70.58A RCW. If the state registrar denies an application for failing to meet the requirements, the applicant may appeal the decision by requesting a brief adjudicative proceeding pursuant to WAC 246-10-501 through 246-10-505, and RCW 70.58A.550.

(7) For the purpose of this section:

(a) "Application" means a documented request for certifications of birth, death, and fetal death, including short form certifications of death where applicable.

(b) "Birth" includes delayed birth.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-300, filed 6/5/20, effective 1/1/21.]

WAC 246-491-310 Information required to order certifications of birth, death, and fetal death. (1) A qualified applicant requesting a certification of birth must submit the following information as it appears on the birth record on a form provided by the state or local registrar:

(a) First, middle, and last name of the subject of the record;

- (b) First and last name of all parents listed on the record;
- (c) Date of birth; and
- (d) City or county where the birth occurred.

(2) A qualified applicant requesting a certification of death must submit the following information on a form provided by the state or local registrar:

- (a) First and last name of the decedent as it appears on the record;
 - (b) Approximate date of death; and
 - (c) City or county where the death occurred.
- (3) For the purpose of this section:
- (a) "Birth" includes delayed birth.
 - (b) "Death" includes fetal death.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-310, filed 6/5/20, effective 1/1/21.]

WAC 246-491-320 Identity documentation required to obtain certifications of birth, death, and fetal death. (1) The qualified applicant must submit identity documentation to the state or local registrar to receive a certification of birth, death, or fetal death in accordance with this section.

(2)(a) The qualified applicant must submit to the state or local registrar one of the following pieces of identity documentation, valid or expired no more than sixty days that contains the applicant's full name, photograph, and date of birth:

(i) Enhanced driver's license, driver's license, or instruction permit issued by a state or territory of the United States, or the District of Columbia;

(ii) A Washington state identification card or an identification card issued by another state;

(iii) A military identification card;

(iv) A United States passport or passport card; or

(v) An identification document issued by local, state, federal, or foreign government, or federally recognized Indian tribe.

(b) A qualified applicant requesting on behalf of a government agency or courts to conduct official duties may use an identification card issued by their government agency or courts that contains the full name and photograph of the applicant.

(3) If a qualified applicant is unable to submit one identity documentation listed in subsection (2) of this section, they must provide at least two alternate forms of identification. Alternate forms of identification may include, but are not limited to, government issued identifications listed in subsection (2)(a) of this section if expired more than sixty days, letters from government or social agencies, pay statements, utility bills, student identification with photo, or other items acceptable to the state registrar. Alternate forms of identification must at least contain matching first and last names and addresses, or provide the full name, photograph, and date of birth.

(4) For applications received by telephone or internet, the qualified applicant may choose to take an authentication quiz in lieu of submitting identity documents. The authentication quiz must contain or ask information requiring personal knowledge not available from reviewing current information typically found in their wallet or personal possession. If the authentication quiz is not successfully comple-

ted, the applicant must submit identity documentation listed in subsection (1) or (2) of this section.

(5) Proof of citizenship is not required information to receive a certification of birth, death, or fetal death.

(6) For the purpose of this section, "birth" includes delayed birth.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-320, filed 6/5/20, effective 1/1/21.]

WAC 246-491-330 Evidence of eligibility. (1) The qualified applicant must submit evidence of eligibility documents to the state or local registrar to prove they are eligible to receive a certification of birth, death, or fetal death.

(2) If the qualified applicant is listed as a party on the record, and their identity documentation provided in WAC 246-491-320 sufficiently links the applicant to the record, then evidence of eligibility is met.

(3) If the qualified applicant is not listed as a party on the record or the identity documentation does not sufficiently link the qualified applicant to the record, the following documentation may serve as evidence of eligibility:

(a) Copies of vital records such as certifications of birth, death, marriage, and divorce from this or another jurisdiction that link the applicant to the requested record;

(b) Copies of certified court orders from a court of competent jurisdiction linking the applicant to the record;

(c) Document or letter from title insurer or title insurance agent handling a transaction on behalf of the decedent;

(d) Document or letter from a government agency or courts stating the certification will be used in the conduct of official duties; or

(e) Other documents that link the applicant to the record as determined by the state registrar.

(4) For the purpose of this section, "birth" includes delayed birth.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-330, filed 6/5/20, effective 1/1/21.]

WAC 246-491-340 Requirements for ordering certifications of marriage, dissolution of marriage, and dissolution of domestic partnership. (1) To receive a certification of marriage, dissolution of marriage, or dissolution of domestic partnership, the applicant must submit to the state registrar:

(a) Information to correctly identify the record requested consistent with the requirements of (c) of this subsection;

(b) Fees required by RCW 70.58A.560 and WAC 246-491-990; and

(c) The following information on a form provided by the state registrar:

(i) First and last name of one of the parties on the record;

(ii) Approximate date the event occurred; and

(iii) City or county where the event was filed.

(2) The state registrar may require the first and last name of the second party on the record to ensure the correct record was located.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-340, filed 6/5/20, effective 1/1/21.]

WAC 246-491-350 Requirements for certifications of vital records at no charge. (1) Qualified applicants requesting a certification at no charge per RCW 70.58A.560 (2) and (3) must provide identity documentation, eligibility documentation, and required information to the state or local registrar in accordance with RCW 70.58A.530 and this chapter, in addition to the requirements of this section.

(2) To qualify for a certification of death at no charge per RCW 70.58A.560(2):

(a) A law enforcement agency must submit a letter on official letterhead to the state or local registrar stating the certification will be used to maintain a registered sex offender database; or

(b) A county clerk or court in the state must submit a letter on official letterhead to the state or local registrar stating the certification will be used to extinguish an offender's legal financial obligation.

(3) To qualify for a certification at no charge pending a veterans administration claim per RCW 70.58A.560 (2)(a), the state or local registrar must receive:

(a) A letter on official letterhead from the veterans administration stating the certification will be used in connection with a claim for compensation or pension;

(b) A letter on official letterhead from the veterans administration stating an agency is working on behalf of the veterans administration, authorized to represent the veteran, provides the claim type currently pending before the veterans administration, and identifies the type of certification needed;

(c) A letter on official letterhead from the veterans administration stating there is currently a claim pending before the veterans administration, identifies the type of certification needed, and is submitted by a spouse or dependent of the eligible veteran; or

(d) A letter on official letterhead from the veterans administration stating the decedent is eligible for veterans administration burial benefits or approved to be buried in a national cemetery and is submitted by a funeral home or director.

(4) To qualify for a certification of birth at no charge for a homeless person living in state per RCW 70.58A.560(3), a government agency or homeless services provider working on behalf of the homeless individual must submit a letter on official letterhead to the state registrar asserting the individual meets the definition of homeless and lives in the state.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-350, filed 6/5/20, effective 1/1/21.]

WAC 246-491-360 Requirements for ordering informational copies of birth and death records. (1) To receive an informational copy of a birth or death record, the applicant must submit to the state or local registrar:

(a) Information to correctly identify the record on a form provided by the state or local registrar consistent with the requirements of (c) or (d) of this subsection; and

- (b) Fees required by RCW 70.58A.560 and WAC 246-491-990;
- (c) For an informational copy of a birth record, the following information as it appears on the record:
 - (i) First, middle, and last name of the subject of the record;
 - (ii) First and last name of all parents listed on the record;
 - (iii) Date of birth; and
 - (iv) City or county where the birth occurred.
- (d) For an informational copy of a death record, the following information:
 - (i) First and last name of the decedent;
 - (ii) Approximate date of death; and
 - (iii) City or county where the death occurred.
- (2) For the purpose of this section, "birth" includes delayed birth.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-360, filed 6/5/20, effective 1/1/21.]

WAC 246-491-370 Notification of no record. (1) The applicant will receive a written notice of no record found if the state or local registrar cannot find a record based on information provided by the applicant. The application request will be considered closed after the written notice is sent. Following such notice, the applicant may do any of the following:

- (a) Submit a new application providing different information and pay the fees required by RCW 70.58A.560 and WAC 246-491-990 on this new application; or
- (b) If requesting a certification of birth, begin the process to obtain a delayed registration of live birth pursuant to RCW 70.58A.120 and WAC 246-490-080.
- (2) Written notification by the state registrar of no record found does not constitute a denial or withholding of a request for the purpose of RCW 70.58A.550.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-370, filed 6/5/20, effective 1/1/21.]

WAC 246-491-990 Vital records fees. (1) The department shall collect nonrefundable fees to cover program costs as follows:

To prepare a sealed record following an adoption or to search the vital records system for adoption record information.	\$15.00
To file an assertion of parentage, an acknowledgment or denial of parentage, or a rescission of parentage.	\$18.00
Fee for hospital filed acknowledgments or denials of parentage.	\$5.00
To prepare a certificate of birth record information (CBRI) letter or to provide a copy of an assertion of parentage, an acknowledgment or denial of parentage, or a rescission of parentage.	\$15.00
Priority processing fee for applications of certifications and informational copies received by telephone or internet.	\$7.00

Priority processing fee for applications of
certifications and informational copies
received in-person. \$13.50

(2) The secretary of health may enter into agreements with state and local government agencies to establish alternate fee schedules and payment arrangements for reimbursement of these program costs.

(3) The fee for each electronic verification of a vital event through the electronic verification of vital events system must be in accordance with the national pricing model.

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-990, filed 6/5/20, effective 1/1/21. Statutory Authority: Chapters 26.26A and 26.26B RCW, and RCW 43.70.150. WSR 19-02-087, § 246-491-990, filed 1/2/19, effective 1/2/19. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-491-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 26.33.330. WSR 88-15-011 (Order 2650), § 440-44-095, filed 7/8/88; WSR 85-04-023 (Order 2199), § 440-44-095, filed 1/30/85.]