

Chapter 246-491 WAC

VITAL STATISTICS—CERTIFICATES

WAC

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246-491-010	Definitions.
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.
246-491-039	Confidential information on state of Washington live birth and fetal death certificates under chapter 70.58 RCW.
246-491-149	Information collected on the legal or public section of certificates; modifications to the United States standard certificates and report forms.
246-491-990	Vital records fees.

WAC 246-491-001 Purpose. RCW 70.58.055 requires certificates for vital records to include, at a minimum, items recommended by the federal agency responsible for national vital statistics. RCW 70.58.055 allows the state board of health to require additional information for the confidential section of the birth certificate, and eliminate items from the federal forms that it identifies as not necessary for statistical study.

RCW 43.70.150 requires the secretary of the department of health to operate and maintain a state system for registering births, deaths, fetal deaths, marriages, divorce decrees, annulments and separations. RCW 43.70.160 requires the state registrar to prepare, print and supply the forms for registering, recording, and preserving vital statistics. These rules identify the forms used and information collected by the state on live birth, death, fetal death, marriage, divorce, dissolution of marriage and annulment.

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 02-20-092, § 246-491-001, filed 10/1/02, effective 11/1/02.]

WAC 246-491-010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

- (1) "Board" means the state board of health.
- (2) "Department" means the department of health.

[Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. 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:

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
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		39	Obstetric estimate of gestation	
42a	Date of first prenatal care visit		40	Plurality	
42b	Date of last prenatal care visit		41	If not single birth - Born 1st, 2nd, 3rd etc.	
43	Total number of prenatal visits for this pregnancy		42	Mother's education	Add "Specify": next to box for "8th Grade or less"
44	Date last normal menses began		43	Mother of Hispanic origin?	
45	Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?		44	Mother's race	
			45	Mother's occupation	Added
46	Principal source of payment for this delivery	Add "Indian Health" and "CHAMPUS"	46	Mother's kind of business/industry	Added
			47	Mother married?	
47	Newborn medical record number		48	Mother's height	
48	Birth weight		49	Did mother get WIC food for herself during pregnancy?	
49	Infant head circumference	Added	50	Mother's prepregnancy weight	
50	Obstetric estimate of gestation		51	Mother's weight at delivery	
51	Apgar score at 5 min; if score is less than 6, score at 10 minutes		52	Date last normal menses began	
52	Plurality		53	Date of first prenatal care visit	
53	If not single birth - born 1st, 2nd, 3rd etc.		54	Date of last prenatal care visit	
54	Was infant transferred within 24 hours of delivery?		55	Total number of prenatal visits for this pregnancy	
55	Is infant living at time of the report?		56a	Number of previous live births	
56	Is infant being breastfed?		56b	Date of last live birth	
57	Risk factors in this pregnancy	Add "Group B streptococcus culture positive"	57a	Number of other pregnancy outcomes	
			57b	Date of last other pregnancy outcome	
58	Method of delivery		58	Cigarette smoking before and during pregnancy	
59	Infections present and/or treated during this pregnancy	Add "HIV infection" and "Other: Specify"	59	Was mother transferred to higher-level care for maternal medical or fetal indications for delivery?	
60	Obstetric procedures		60	Father's education	Added
61	Abnormal conditions of the newborn		61	Father of Hispanic origin?	Added
62	Characteristics of labor and delivery		62	Father's race	Added
63	Congenital anomalies of the newborn		63	Father's occupation	Added
64	Maternal morbidity		64	Father's kind of business/industry	Added
65	Onset of labor		65	Risk factors in this pregnancy	
			66	Method of delivery	
			67	Congenital anomalies of the fetus	
			68	Maternal morbidity	
			69	Infections present and/or treated during this pregnancy	Add "HIV infection" and "Other: Specify"

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	

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

WAC 246-491-039 Confidential information on state of Washington live birth and fetal death certificates under chapter 70.58 RCW.

(1) The confidential sections of the certificate of live birth and the certificate of fetal death are not subject to public inspection and may not be included on certified copies of the record except upon order of a court, or as specified in subsection (2) of this section.

(2) An individual who is the subject of the birth certificate may request the confidential information from that individual's birth certificate.

(a) All requests are to be made to the department on a form provided by the department.

(b) In order to obtain the confidential information:

(i) The individual and the subject of the birth certificate must be the same person.

(ii) The individual must have proof of identity as specified in (c) of this subsection.

(c) Proof of identity includes:

(i) A current document issued by a federal or state government with the individual's name, date of birth, photograph, signature, and physical description.

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

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

(d) The department shall, upon receipt of a request in compliance with (a) through (c) of this subsection, provide to the individual the following items, as available from their birth certificate:

- (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: RCW 70.58.055. 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. 02-20-092, § 246-491-039, filed 10/1/02, effective 11/1/02. Statutory Authority: Chapter 70.58 RCW. 91-20-073 (Order 196B), § 246-491-039, filed 9/26/91, effective 10/27/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-491-039, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.200. 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 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 for live birth and fetal death.

(2) Effective January 1, 2004, the department shall use the 2003 standard form for death.

(3) Effective January 1, 1992, the department shall use the 1988 revisions of the United States standard forms for marriage and certificate of divorce, dissolution of marriage or annulment.

(4) These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. Copies of these forms may be obtained by contacting the department's center for vital statistics.

(5) With the exception of the confidential section, the department may modify any part of these forms.

(a) Table 3 identifies the modifications to the United States standard form for live birth.

(b) Table 4 identifies the modifications to the United States standard form for fetal death.

(c) Table 5 identifies the modifications to the United States standard form for death.

(d) Table 6 identifies modifications to the United States standard form for marriage.

(e) Table 7 identifies modifications to the United States standard form for certificate of divorce, dissolution of marriage, or annulment.

(6) Table 8 lists items to be collected on the certificate of dissolution of Washington state domestic partnership. This is a Washington state form not addressed in the United States standard forms.

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

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

Item Number	Item Name	Difference from U.S. Standard, if any
1	Child's name	
2	Child's date of birth	
3	Time of birth	
4	Type of birthplace	Add "En route," Add "Planned birthplace if different"
5	Child's sex	
6	Name of facility	
7	City, town or location of birth	
8	County of birth	
9	Mother's name before first marriage	
10	Mother's date of birth	
11	Mother's birthplace	
12	Mother's Social Security number	
13	Mother's current legal last name	
14	Social Security number requested for child?	
16a	Mother's residence - Number, street, and Apt. No.	

16b	Mother's residence - City or town		15b	Mother's residence - City or town	
16c	Mother's residence - County		15c	Mother's residence - County	
16d	Tribal reservation name (if applicable)	Added	15d	Tribal reservation name (if applicable)	Added
16e	Mother's residence - State or foreign country		15e	Mother's residence - State or foreign country	
16f	Mother's residence - Zip code + 4		15f	Mother's residence - Zip code + 4	
16g	Mother's residence - Inside city limits?		15g	Mother's residence - Inside city limits?	
17	Telephone number	Added	16	How long at current residence?	Added
18	How long at current residence?	Added	17	Father's current legal name	
19	Mother's mailing address, if different		18	Father's date of birth	
25	Father's current legal name		19	Father's birthplace	
26	Father's date of birth		20	Name and title of person completing the report	
27	Father's birthplace		21	Date report completed	
28	Father's Social Security number		22	Attendant name and title	Delete check boxes
66	Certifier name and title	Delete check boxes	23	NPI of person delivering the baby	
67	Date certified		24	Method of disposition	
68	Attendant name and title	Delete check boxes	25	Date of disposition	
69	NPI of person delivering the baby		26	Place of disposition	Added
—	Date filed by registrar	Deleted	27	Location of disposition - City/town and state	Added
			28	Name and complete address of funeral facility	Added
			29	Funeral director signature	Added
			30	Initiating cause/condition (cause of death)	
			31	Other significant causes or conditions	
			32	Estimated time of fetal death	
			33	Was an autopsy performed?	
			34	Was a histological placental examination performed?	
			35	Were autopsy or histological placental examination results used in determining the cause of death?	
			36	Registrar signature	Added
			37	Date received	

U.S. STANDARD REPORT OF FETAL DEATH

Table 4:

Legal or Public Fetal Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Name of fetus	
2	Sex	
3	Date of delivery	
4	Time of delivery	
5	Type of birthplace	Add "En route," Add "Planned birthplace if different"
6	Name of facility	
7	Facility ID (NPI)	
8	City, town or location of birth	
9	Zip code of delivery	
10	County of birth	
11	Mother's name before first marriage	
12	Mother's date of birth	
13	Mother's current legal last name	
14	Mother's birthplace	
15a	Mother's residence - Number, street, and Apt. No.	

U.S. STANDARD CERTIFICATE OF DEATH

Table 5:

Death Certificate Items

Item Number	Item Name	Difference from U.S. Standard, if any
1	Legal name (include a.k.a.'s if any)	

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2	Death date		32	Date of disposition	Added
3	Sex		33	Funeral director signature	
4a	Age - Years		34	Causes of death and intervals between onset and death	
4b	Age - Under 1 year				
4c	Age - Under 1 day				
5	Social Security number		35	Other significant conditions contributing to death	
6	County of death		36	Autopsy?	
7	Birth date		37	Were autopsy findings available to complete the cause of death?	
8a	Birth place - City, town or county				
8b	Birth place - State or foreign country		38	Manner of death	
9	Decedent's education	Add "Specify": next to box for "8th Grade or less"	39	Pregnancy status	
			40	Did tobacco use contribute to death?	
10	Decedent's Hispanic origin		41	Date of injury	
			42	Hour of injury	
11	Decedent's race		43	Place of injury	
12	Was decedent ever in U.S. Armed Forces?		44	Injury at work?	
13a	Residence - Number and street		45	Injury location - Street, city, county, state, zip	County Added
13b	Residence - City or town		46	Describe how injury occurred	
13c	Residence - County		47	Transport injury type	
13d	Tribal reservation name (if applicable)	Added	48a	Certifying physician signature	
13e	Residence - State or foreign country		48b	Medical examiner/coroner signature	
13f	Residence - Zip code		49	Name and address of certifier	
13g	Inside city limits?		50	Hour of death	
14	Estimated length of time at residence	Added	51	Name and title of attending physician if other than certifier	Added
15	Marital status at time of death		52	Date certified	
16	Surviving spouse's name		53	Title of certifier	
17	Occupation		54	License number of certifier	
18	Kind of business/industry		55	ME/coroner file number	Added
19	Father's name		56	Was case referred to medical examiner?	
20	Mother's name before first marriage		57	County registrar signature	Added
21	Informant - Name		58	County date received	Added
22	Informant - Relationship to decedent		59	Record amendment	Added
23	Informant - Address		—	License number of funeral director	Deleted
24	Place of death		—	Date pronounced dead	Deleted
25	Facility name (if not a facility, give number and street)		—	Time pronounced dead	Deleted
			—	Signature of person pronouncing death	Deleted
26a	City, town, or location of death		—	License number of person pronouncing death	Deleted
26b	State of death		—	Date person pronouncing death signed	Deleted
27	Zip code of death				
28	Method of disposition				
29	Place of disposition (name of cemetery, crematory, other place)				
30	Disposition - City/town, and state				
31	Name and complete address of funeral facility				

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

39

County auditor signature

Table 6:

40

Date received (by county auditor)

Certificate of Marriage

Item Number	Item Name	Difference from U.S. Standard, if any	Reverse side	Reverse side	Groom's Social Security number
—	Certificate name	Changed name of form to "Certificate of Marriage"			Bride's Social Security number
—	County of license			Groom's age last birthday	Deleted
—	Date valid			Bride's age last birthday	Deleted
—	Not valid after (date)			License to marry section	Deleted
1	Date of marriage			Expiration date of license	Deleted
2	County of ceremony			Title of issuing official	Deleted
3	Type of ceremony	Added		Confidential information	Deleted
4	Date signed (by officiant)	Added			
5	Officiant's name				
6	Officiant's signature				
7	Officiant's address				
8	Groom's name				
9	Groom's address (street)				
10	Groom's date of birth				
11	Groom's place of birth (state or country)				
12	Groom's address (city)				
13	Groom's address (inside city limits)	Added			
14	Groom's address (county)				
15	Groom's address (state)				
16	Groom's father - Name				
17	Groom's father - Place of birth				
18	Groom's mother - Maiden name				
19	Groom's mother - Place of birth				
20	Groom's signature				
21	Date signed (by groom)				
22	Bride's name				
23	Bride's maiden last name				
24	Bride's residence - (Street)				
25	Bride's date of birth				
26	Bride's place of birth (state or country)				
27	Bride's residence (city)				
28	Bride's residence (inside city limits)	Added			
29	Bride's residence (county)				
30	Bride's residence (state)				
31	Bride's father - Name				
32	Bride's father - Place of birth				
33	Bride's mother - Maiden name				
34	Bride's mother - Place of birth				
35	Bride's signature				
36	Date signed (by bride)				
37	Witness #1 signature				
38	Witness #2 signature				

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNULMENT

TABLE 7:

Certification of Dissolution, Declaration of Invalidity of Marriage, or Legal Separation

Item Number	Item Name	Difference from U.S. Standard, if any
	Certificate name	Changed form name to certificate of dissolution, declaration of invalidity of marriage or legal separation
	Court file number	
1	Type of decree	Added check boxes
2	Date of filing	
3	County where decree filed	
4	Signature of superior court clerk	
5	Husband's name	
6	Husband's date of birth	
7	Husband's place of birth	
8	Husband's residence - Street	
9	Husband's residence - City	
10	Husband's residence - Inside city limits	Added
11	Husband's residence - County	
12	Husband's residence - State	
13	Wife's name	
14	Wife's maiden name	
15	Wife's date of birth	
16	Wife's place of birth	
17	Wife's residence - Street	
18	Wife's residence - City	
19	Wife's residence - Inside city limits	Added
20	Wife's residence - County	
21	Wife's residence - State	
22	Place of marriage - County	

23	Place of marriage - State		17	Second partner's residence - City
24	Date of marriage		18	Second partner's residence - Inside city limits
25	Number of children of this marriage	Name change	19	Second partner's residence - County
26	Petitioner	Delete check boxes	20	Second partner's residence - State
27	Name of petitioner's attorney/pro se		21	Date of this partnership
28	Petitioner's address		22	Domestic partnership certificate number
29	Husband's Social Security number		23	Petitioner
30	Wife's Social Security number		24	Name of petitioner's attorney/pro se
	Date couple last resided in same household	Delete	25	Petitioner's address
	Number of children under 18 whose physical custody was awarded to	Delete		
	Title of court	Delete		
	Title of certifying official	Delete		
	Date signed	Delete		
	Confidential information	Delete		

[Statutory Authority: RCW 26.09.150. 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. 02-20-092, § 246-491-149, filed 10/1/02, effective 11/1/02. Statutory Authority: RCW 43.70.150. 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620. 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

TABLE 8:

Certification of Dissolution of Washington State Domestic Partnership

Item Number	Item Name
	Certificate name
	Court file number
1	Type of decree
2	Date of decree
3	County where decree filed
4	Signature of superior court clerk
5a	First partner's name
5b	First partner's name at birth
6	First partner's date of birth
7	First partner's place of birth
8	First partner's residence - Street
9	First partner's residence - City
10	First partner's residence - Inside city limits
11	First partner's residence - County
12	First partner's residence - State
13a	Second partner's name
13b	Second partner's name at birth
14	Second partner's date of birth
15	Second partner's place of birth
16	Second partner's residence - Street

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

- (1) To prepare a sealed file following amendment \$15.00 of the original vital record
- (2) To review a sealed file \$15.00
- (3) The director of the division 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.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-491-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 26.33.330. 88-15-011 (Order 2650), § 440-44-095, filed 7/8/88; 85-04-023 (Order 2199), § 440-44-095, filed 1/30/85.]