

**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
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

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
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
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

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
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

Vital Record Item
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.]