Washington State Register

WSR 22-04-093 PROPOSED RULES DEPARTMENT OF HEALTH

[Filed February 1, 2022, 8:29 a.m.]

Original Notice.

Preproposal statement of inquiry was filed as WSR 21-13-096. Title of Rule and Other Identifying Information: Chapter 246-491 WAC, Certificates; and WAC 246-490-200 Electronic reporting of deaths. The department of health (DOH) is proposing amending rules in chapter 246-491 WAC to prescribe the information that displays on the certification of birth resulting in stillbirth, add the certification of birth resulting in stillbirth to existing requirements for a person to prove eligibility to obtain the certification, and make editorial changes. DOH is proposing amending WAC 246-490-200 to remove the exclusion of fetal deaths from being registered electronically.

Hearing Location(s): On March 10, 2022, at 10:00 a.m. In response to the coronavirus disease 2019 (COVID-19) public health emergency, DOH will not provide a physical location for this hearing. This is to promote social distancing and the safety of the residents of Washington state. A virtual public hearing, without a physical meeting space, will be held instead. Register in advance for this webinar https:// us02web.zoom.us/webinar/register/WN turAQXXiS8GJrNsxhAziXg. After registering, you will receive a confirmation email containing information about joining the webinar.

Date of Intended Adoption: March 14, 2022.

Submit Written Comments to: Katitza Holthaus, DOH, Center for Health Statistics, P.O. Box 47814, Olympia, WA 98504, email https:// fortress.wa.gov/doh/policyreview, fax 360-753-4135, by March 10, 2022.

Assistance for Persons with Disabilities: Contact Katitza Holthaus, phone 360-236-4311, fax 360-753-4135, TTY 711, email katitza.holthaus@doh.wa.gov, by March 2, 2022.

Purpose of the Proposal and Its Anticipated Effects, Including Any Changes in Existing Rules: The proposed rule amends chapter 246-491 WAC to prescribe the information displayed on the certification of birth resulting in stillbirth, add the certification of birth resulting in stillbirth to the existing requirements, and make editorial changes. The proposed rule also amends WAC 246-490-200 to remove the exclusion of fetal deaths from being registered electronically.

Reasons Supporting Proposal: In 2021, the Washington state legislature passed HB 1031 (chapter 55, Laws of 2021), which creates a new certification for fetal deaths (the certification of birth resulting in stillbirth) to be issued by the state or local registrar to only the individual who gave birth listed on the fetal death record. Amending WAC 246-491-200 to allow fetal deaths to be registered electronically increases the timeliness of registration and creates efficiency in issuance for families needing the certification of fetal death and the certification of birth resulting in stillbirth.

Statutory Authority for Adoption: HB 1031 (chapter 55, Laws of 2021); and chapter 70.58A RCW.

Statute Being Implemented: HB 1031 (chapter 55, Laws of 2021); and chapter 70.58A RCW.

Rule is not necessitated by federal law, federal or state court

Agency Comments or Recommendations, if any, as to Statutory Lanquage, Implementation, Enforcement, and Fiscal Matters: Not applicable.

Name of Proponent: DOH, governmental.

Name of Agency Personnel Responsible for Drafting: Katitza Holthaus, 101 Israel Road S.E., Tumwater, WA 98501, 360-236-4311; Implementation: Jessica Cole, 101 Israel Road S.E., Tumwater, WA 98501, 360-236-4327; and Enforcement: Jean Remsbecker, 101 Israel Road S.E., Tumwater, WA 98501, 360-236-4307.

A school district fiscal impact statement is not required under RCW 28A.305.135.

A cost-benefit analysis is required under RCW 34.05.328. A preliminary cost-benefit analysis may be obtained by contacting Katitza Holthaus, DOH, Center for Health Statistics, P.O. Box 47814, Olympia, WA 98504, phone 360-236-4311, fax 360-753-4135, TTY 711, email katitza.holthaus@doh.wa.gov.

This rule proposal, or portions of the proposal, is exempt from requirements of the Regulatory Fairness Act because the proposal:

Is exempt under RCW 19.85.025(3) as the rules only correct typographical errors, make address or name changes, or clarify language of a rule without changing its effect; and rule content is explicitly and specifically dictated by statute.

Explanation of exemptions: The proposed rule that prescribes the information displayed on certifications of birth resulting in still-birth and the procedures for requesting the certification of birth resulting in stillbirth and certification of fetal death are exempt under RCW 34.05.310 (4)(e). Adding the certification of birth resulting in stillbirth to the existing requirements is exempt according to RCW 34.05.310 (4)(e). The editorial changes are exempt according to RCW 34.05.310 (4)(d).

The proposed rule does not impose more-than-minor costs on businesses. Following is a summary of the agency's analysis showing how costs were calculated. The proposed rule does not impose more-than-minor costs on businesses. DOH assumes the proposed rule will have no new costs and will generate cost savings. In 2018, DOH adopted a rule that mandated all death reports to be submitted electronically via the electronic death registration system (EDRS) to achieve the goal of reaching 100 percent of the state's death records are reported electronically. When EDRS was originally developed, the system excluded fetal deaths. Fetal death reporting would be added to the established electronic system already in use by all Washington funeral directors, certifiers, and local deputy registrars. DOH assumes the proposed rule will have no additional or new costs and will generate cost savings. There is no new equipment or software needed for complying with the proposed rule. DOH assumes the proposed rule will include cost savings for funeral directors who will no longer need to physically travel to the certifier and local deputy registrar as well as time saved by printing the burial transit permit from EDRS.

February 1, 2022
Kristin Peterson, JD
Deputy Secretary
Policy and Planning
Umair A. Shah, MD, MPH
Secretary

AMENDATORY SECTION (Amending WSR 17-22-073, filed 10/27/17, effective 1/1/18)

- WAC 246-490-200 Electronic reporting of deaths. (1) Except as otherwise provided in subsection (2) of this section, all deaths that occur in Washington state ($(r, excluding fetal deaths_r)$) must be reported electronically using the format and system prescribed by the state registrar.
- (2) All fetal deaths that occur in Washington state must be reported using the format and system prescribed by the state registrar. Persons required to report fetal deaths must use the electronic system prescribed by the state registrar once the department makes available an electronic format for registering fetal deaths.

[Statutory Authority: RCW 70.58.061 and 43.70.150. WSR 17-22-073, § 246-490-200, filed 10/27/17, effective 1/1/18.]

OTS-3402.1

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

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

Vital Record Item	Certification of Birth and Informational Birth Copy	Certification of Delayed Birth and Informational Delayed Birth Copy
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:

State file number Yes Yes Yes Yes Date certificate issued Yes Yes Yes Fee number Yes Yes Yes Yes Pee number Yes Yes Yes Yes Decedent's legal first and middle name(s) Decedent's legal first and middle Yes Yes Yes Yes Decedent's last name(s) Yes Yes Yes Yes Yes Date of death Yes Yes Yes Yes Yes Hour of death Yes Yes Yes Yes Sex Yes Yes Yes Yes Sex Yes Yes Yes Yes Yes Yes Age Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
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 Pacility or address 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 county Yes Yes Yes Is residence inside city, state, zip	State file number	Yes	Yes	Yes
Decedent's legal first and middle name(s)	Date certificate issued	Yes	Yes	Yes
Decedent's last name(s)	Fee number	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 Facility or address of death Yes Yes Yes Fispanic origin Yes Yes Yes Hispanic origin Yes Yes Yes Residence street Yes Yes Yes Residence city, state, zip Yes Yes Yes Residence county Yes Yes Yes Residence inside city limits? Yes Yes Yes Is residence inside city limits? Yes Yes Yes Is residence inside city limits? Yes Yes Yes Birth		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 Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Hispanic origin Yes Yes Yes Yes Residence street Yes Yes Yes Yes Yes Yes Residence street	Decedent's last name(s)	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 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 county 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	County 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 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 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 Father/parent name	Date of death	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 Iribal 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 Method of disposition of remains	Hour of death	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 Yes Residence street Yes Yes Yes Yes Residence county Yes Yes Yes Yes Is residence inside city limits? Yes Yes Yes Length of time at residence Yes Yes Yes Birth date Yes Yes Yes Yes Father/parent name Yes Yes Yes Yes Method of disposition of remains Yes Yes Yes Yes Method of disposition of remains Yes Yes Yes Yes Yes Mes Yes	Sex	Yes	Yes	Yes
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 Mothod of disposition of remains Yes Yes Yes	Age	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 Mother/parent name Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	Social Security number	Yes	No	No
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 ((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	Place of death	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 ((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	Facility or address of death	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 ((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	City, state, zip	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 ((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	Hispanic origin	Yes	Yes	Yes
Residence city, state, zipYesYesYesResidence countyYesYesYesIs residence inside city limits?YesYesYesTribal reservationYesYesYesLength of time at residenceYesYesYesBirth dateYesYesYesBirthplaceYesYesYesFather/parent nameYesYesYesMother/parent nameYesYesYes((Martial)) Marital statusYesYesYesSpouseYesYesYesMethod of disposition of remainsYesYesYes	Race	Yes	Yes	Yes
Residence county Yes Yes Yes Yes Yes Yes Yes Ye	Residence street	Yes	Yes	Yes
Is residence inside city limits? Yes Yes Yes Yes Yes Yes Yes Yes Length of time at residence Yes Birth date Yes Yes Yes Yes Yes Yes Yes Yes Yes Birthplace Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	Residence city, state, zip	Yes	Yes	Yes
Tribal reservation Yes Yes Yes Length of time at residence Yes Yes Yes Birth date Yes Yes Yes Yes Birthplace Yes Yes Yes Yes Father/parent name Yes Yes Yes Yes Mother/parent name Yes Yes Yes Yes ((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Yes Method of disposition of remains Yes Yes Yes	Residence county	Yes	Yes	Yes
Length of time at residenceYesYesYesBirth dateYesYesYesBirthplaceYesYesYesFather/parent nameYesYesYesMother/parent nameYesYesYes((Martial)) Marital statusYesYesYesSpouseYesYesYesMethod of disposition of remainsYesYesYes	Is residence inside city limits?	Yes	Yes	Yes
Birth date Yes Yes Yes Birthplace Yes Yes Yes Father/parent name Yes Yes Yes Mother/parent name Yes Yes Yes ((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	Tribal reservation	Yes	Yes	Yes
Birthplace Yes Yes Yes Father/parent name Yes Yes Yes Mother/parent name Yes Yes Yes ((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	Length of time at residence	Yes	Yes	Yes
Father/parent name Yes Yes Yes Yes Mother/parent name Yes Yes Yes Yes Yes Yes Yes Yes Yes Y	Birth date	Yes	Yes	Yes
Mother/parent nameYesYesYes((Martial)) Marital statusYesYesYesSpouseYesYesYesMethod of disposition of remainsYesYesYes	Birthplace	Yes	Yes	Yes
((Martial)) Marital status Yes Yes Yes Spouse Yes Yes Yes Method of disposition of remains Yes Yes Yes	Father/parent name	Yes	Yes	Yes
SpouseYesYesYesMethod of disposition of remainsYesYesYes	Mother/parent name	Yes	Yes	Yes
Method of disposition of remains Yes Yes Yes	((Martial)) Marital status	Yes	Yes	Yes
-	Spouse	Yes	Yes	Yes
Place of disposition of remains Vac Vac Vac	Method of disposition of remains	Yes	Yes	Yes
race of disposition of femalis	Place of disposition of remains	Yes	Yes	Yes
City, state of disposition of remains Yes Yes Yes	City, state of disposition of remains	Yes	Yes	Yes
Disposition date of remains Yes Yes Yes		Yes	Yes	Yes
Occupation Yes Yes Yes	Occupation	Yes	Yes	Yes

Vital Record Item	Long Form Certification of Death	Short Form Certification of Death	Informational Copy of Death
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
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) (a) Certification of fetal death and certification of birth resulting in stillbirth will display only the following items:

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 eurrent legal last name, if different Mother's residence – Number and street Mother's residence – Apt no: Mother's residence – City or town 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 Disposition location – City/town, and state Name and complete address of funeral facility		
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 eurrent legal last name, if different Mother's birthplace (state, territory, or foreign country) Mother's residence – Number and street Mother's residence – City or town 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 empleting cause of death Name and title of person delivering the fetus NPI of person delivering the fetus Method of disposition Date of disposition Date of disposition Disposition location – City/town, and state Name and complete address of funeral facility		
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 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 einside city limits How long at current residence? Name and title of person completing cause of death Signature of person completing cause of death Name and title 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		
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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 Name and title of person delivering the fetus NPI of person delivering the fetus Method of disposition Date of disposition Disposition location – City/town, and state Name and complete address of funeral facility		
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 MPI of person delivering the fetus Method of disposition Date of disposition Disposition location – City/town, and state Name and complete address of funeral facility		
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 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		
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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 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		
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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 Disposition location - City/town, and state Name and complete address of funeral facility		
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Place of disposition Disposition location - City/town, and state Name and complete address of funeral facility		
Disposition location - City/town, and state Name and complete address of funeral facility		
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?		

Washington State Register

((Vital Record Item		
Registrar signature		
Date received by local registrar))		

Vital Record Item	Certification of Fetal Death	Certification of Birth Resulting in Stillbirth
State file number	Yes	<u>Yes</u>
Date certificate issued	Yes	Yes
First and middle name(s) of fetus	Yes	Yes
Last name(s) of fetus	Yes	Yes
Sex	Yes	<u>Yes</u>
Date and time of delivery	Yes	<u>Yes</u>
Place of delivery (city, county, state)	Yes	Yes
Name of facility	Yes	<u>Yes</u>
Mother/parent's name prior to first marriage	Yes	<u>Yes</u>
Mother/parent's place of birth	Yes	Yes
Mother/parent's date of birth or age at the time of the delivery	Yes	<u>Yes</u>
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 the delivery	Yes	Yes
Name and title of person completing cause of death	Yes	<u>No</u>
Date signed by person completing cause of death	Yes	<u>No</u>
Name and title of person delivering the fetus	Yes	<u>No</u>
Method of disposition	Yes	
Date of disposition	Yes	<u>No</u>
Place of disposition	Yes	<u>No</u>
Disposition location – City/town, and state	Yes	<u>No</u>
Funeral facility name	Yes	<u>No</u>
Funeral facility address	Yes	<u>No</u>
<u>Funeral director name</u>	Yes	<u>No</u>
Initiating cause/condition	Yes	<u>No</u>
Other significant causes or conditions	Yes	<u>No</u>
Estimated time of fetal death	<u>Yes</u>	<u>No</u>
Was an autopsy performed?	Yes	<u>No</u>
Was a histological placental examination performed?	Yes	<u>No</u>
Local deputy registrar	Yes	<u>No</u>
Data record filed	<u>Yes</u>	<u>Yes</u>
Fee number	Yes	<u>Yes</u>

⁽b) For fetal deaths registered before October 1, 2022, certifications of fetal death or certification of birth resulting in still-birth will contain only the vital record items as indicated in (a) of this subsection if such vital record items are available or were collected at the time of fetal death registration.

⁽c) The certification of birth resulting in stillbirth is not proof of a live birth and is not an identity document.

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

 $\underline{\text{AMENDATORY SECTION}}$ (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-300 Requirements for ordering certifications of birth, death, ((and)) fetal death, and birth resulting in stillbirth.

(1) For certifications of birth, death, ((and)) fetal death, and birth resulting in stillbirth, 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, and birth resulting in still-birth, including short form certifications of death where applicable.
- (b) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.
- (c) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.

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

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-310 Information required to order certifications of birth, death, ((and)) fetal death, and birth resulting in stillbirth.

- (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) A qualified applicant requesting a certification of fetal death or certification of birth resulting in stillbirth, or both, must submit the following information on a form provided by the state or local registrar:
 - (a) First and last name of the fetus as it appears on the record;
- (b) First and last name of the individual who gave birth as it appears on the record;
 - (c) Date of delivery; and
 - (d) City or county where the delivery occurred.
- (4) For the purpose of this section:(a) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.
- (b) (("Death" includes)) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.

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

AMENDATORY SECTION (Amending WSR 20-13-017, filed 6/5/20, effective 1/1/21)

WAC 246-491-320 Identity documentation required to obtain certifications of birth, death, ((and)) fetal death, and birth resulting in stillbirth. (1) The qualified applicant must submit identity documentation to the state or local registrar to receive a certification of birth, death, ((or)) fetal death, or birth resulting in stillbirth 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 completed, 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, or birth resulting in stillbirth.
 - (6) For the purpose of this section $((\tau))$:
- (a) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.
- (b) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.

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

AMENDATORY SECTION (Amending WSR 20-13-017, 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, or birth resulting in stillbirth.
- (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((7)):
 (a) "Birth" includes delayed birth, but does not include birth resulting in stillbirth.
- (b) "Stillbirth" means the same as fetal death as defined in RCW 70.58A.010.

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