

Instructions for Authorized Representative Form

This form is a legal document that allows an individual to become an authorized representative to request a birth, death, or fetal death certificate on behalf of a qualified applicant. Both parties should carefully read these instructions before completing and notarizing the Authorized Representative Form.

Instruct	tions for completing the Authorized Representative Form:
	A qualified applicant must fill out all the fields on the Authorized Representative Form.
	The qualified applicant must sign in the presence of a notary.
	The authorized representative must sign in the presence of a notary.
	The notary(ies) must sign, print their name, stamp, and date.
	The authorized representative must submit this form within 60 days of it being notarized with a completed application for
	the certificate identified on this form.

What is an authorized representative?

An authorized representative is a person permitted to receive a certificate who is:

- Identified in a notarized form signed by a qualified applicant; or
- An agent identified in a power of attorney.

What is a qualified applicant?

A qualified applicant is a person who is eligible to receive a certificate.

Who are the qualified applicants for birth, death, and fetal death certificates that can fill out the Authorized Representative form?

The qualified applicants for birth, death, and fetal death certificates are:

Birth Certificates	Long Form Death Certificate	Short Form Death Certificate	Fetal Death Certificate
 Self Spouse/Domestic Partner Child/Stepchild Parent/Stepparent Sibling Grandparent Grandchild Great Grandparent Legal Guardian Legal Representative Government Agency or the Courts (only for official duties) 	 Spouse/Domestic Partner Child/Stepchild Parent/Stepparent Sibling Grandparent Grandchild Great Grandparent Legal Guardian Legal Representative Next of Kin (if no one else from this list is living) Funeral home listed on the record (within 12 months of date of death) Government Agency or the Courts (only for official duties) 	Same as the long form death certificates, plus these additional qualified applicants: • A title insurer or title insurance agent handling a transaction involving real property • A person that demonstrates the certificate is necessary for a determination related to the death or protection of a personal or property right related to the death	 Parent Sibling Grandparent Parent's legal representative Funeral home listed on the record (within 12 months of date of death) Government Agency or Courts (only for official duties)





Can two different notaries notarize the Authorized Representative Form?

Yes, two notaries can notarize the Authorized Representative Form. For example, if the qualified applicant and the person becoming an authorized representative live in two different states, they may sign the form in the presence of a notary in their state. The Department of Health will only accept one complete form, not two separate notarized forms.

Can the Authorized Representative Form be used multiple times and does it expire?

The Authorized Representative Form is for one-time use only and must be used within sixty (60) days of the form being notarized.

Once the Authorized Representative Form is notarized, what is the next step?

Once the Authorized Representative Form is notarized, within sixty (60) days, the authorized representative can submit an application for the certificate identified on this form by either ordering online, phone, mail, or in-person.

To purchase a certificate of a birth, death, or fetal death record, the following is required for all applications:

- 1. An application form with required pieces of information
- 2. Documents proving identity
- 3. Documents proving qualifying relationship the Authorized Representative Form will serve as your eligibility documentation
- 4. Applicable fee(s)

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



AUTHORIZED REPRESENTATIVE

Center for Health Statistics P.O. Box 9709 Olympia, WA 98507 360-236-4300

THIS IS A LEGAL DOCUMENT COMPLETE IN INK AND DO NOT ALTER

I, _ , grant p	permission to the individual identified below	v to request a birth, death, or
fetal death certificate on my behalf. I declare und	der penalty of perjury under the laws of the	e state of Washington that
the information I have provided is true and corre	ect and I am a qualified applicant as listed in	n RCW 70.58A.530. I further
understand that willfully providing a false statem	nent to vital records for a certificate is a gro	oss misdemeanor under
Washington law, RCW 70.58A.590 (2).		
Qualified Applicant's Full Name:		
Qualified Applicant's Phone Number:		
Qualified Applicant's Email Address:		
Qualified Applicant's Relationship to Record:		
Full Name on Record Being Permitted:		
Type of Record:		
Authorized Representative Full Name:		
QUA	ALIFIED APPLICANT SIGNATURE	
Qualified applicant's signature		
Signed and sworn before me on by Date (MM/DD/YY)	Y ')	Disconsistant
State of, County (Place notary	
<u></u>		seal here
Signature of Notarial Officer	Title of Notary Office	
	ommission expires	
Printed Full Name of Notarial Officer		
AUTHOR	ZIZED REPRESENTATIVE SIGNATURE	
Authorized Representative's signature		
Signed and sworn before me on by		
Date (MM/DD/YY	') Print Full Name of	Place notary
State of, County of	of	seal here
		300111010
Signature of Notarial Officer	Title of Notary Office	
My co Printed Full Name of Notarial Officer	ommission expires	