



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.

Instructions 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
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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) 	<p>Same as the long form death certificate, plus these additional qualified applicants:</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. Northeast Tri County Health District (NETCHD) 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 order form for the certificate identified on this Authorized Representative Form.

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

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

For more information about vital records, please visit the Washington State DOH website at <https://www.doh.wa.gov/vitalrecords>. To obtain information on vital records services available at the Northeast Tri County Health District Colville office, please visit the NETCHD website at <https://www.netchd.org>.

AUTHORIZED REPRESENTATIVE FORM



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

I, _____, grant permission to the individual identified below to request
(qualified applicant's name)
a birth, death, or fetal death certificate on my behalf. I declare under penalty of perjury under the laws of the state of Washington that the information I have provided is true and correct and I am a qualified applicant as listed in RCW 70.58A.530. I further understand that willfully providing a false statement to vital records for a certificate is a gross 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:	

QUALIFIED APPLICANT SIGNATURE	
Qualified applicant's signature _____ Signed and sworn before me on _____ by _____ Date (MM/DD/YY) Print Full Name of State of _____, County of _____ _____ Signature of Notarial Officer Title of Notary Office _____ My commission expires _____ Printed Full Name of Notarial Officer	<i>Place notary seal here</i>

AUTHORIZED REPRESENTATIVE SIGNATURE	
Authorized Representative's signature _____ Signed and sworn before me on _____ by _____ Date (MM/DD/YY) Print Full Name of State of _____, County of _____ _____ Signature of Notarial Officer Title of Notary Office _____ My commission expires _____ Printed Full Name of Notarial Officer	<i>Place notary seal here</i>