

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	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) 	<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)

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 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)



AUTHORIZED REPRESENTATIVE

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

I, _____, grant permission to the individual identified below to request 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 Requested:	
Type of Record:	
Authorized Representative Full Name:	

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

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