

**MAIL ORDERS TO:**

Vital Records  
Whatcom County Health Department  
509 Girard St  
Bellingham, WA 98225

# Authorized Representative Request Form



**MAKE CHECKS & MONEY ORDERS  
PAYABLE TO: WCHD  
\*\* ABSOLUTELY NO REFUNDS \*\***

**Instructions**

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. Carefully read these instructions before you complete and notarize this form.

**To purchase a certificate of a birth, death, or fetal death record, you need:**

1. A completed application.
2. Documents proving identity.
3. Documents proving qualifying relationship – the Authorized Representative Form will serve as your eligibility documentation. (Whatcom County Health Department will not notarize Authorized Representative Forms)
4. Applicable fee(s).

**To complete this 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/notaries must sign, print their name, stamp, and date.
- The authorized representative must submit this form within 60 days of notary with a completed application for the certificate identified on this form.

**What is an authorized representative?**

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 person who is eligible to receive a certificate.

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

Birth Certificates	Long Form Death Certificate	Short Form Death Certificate	Fetal Death Certificate
<ul style="list-style-type: none"> <li>• Self</li> <li>• Spouse/domestic partner</li> <li>• Child/stepchild</li> <li>• Parent/stepparent</li> <li>• Sibling</li> <li>• Grandparent</li> <li>• Grandchild</li> <li>• Great grandparent</li> <li>• Legal guardian</li> <li>• Legal representative</li> <li>• Government agency or the courts (only for official duties)</li> </ul>	<ul style="list-style-type: none"> <li>• Spouse/domestic partner</li> <li>• Child/stepchild</li> <li>• Parent/stepparent</li> <li>• Sibling</li> <li>• Grandparent</li> <li>• Grandchild</li> <li>• Great grandparent</li> <li>• Legal guardian</li> <li>• Legal representative</li> <li>• Next of kin (if no one else from this list is living)</li> <li>• Funeral home listed on the record (within 12 months of date of death)</li> <li>• Government agency or the Courts (only for official duties)</li> </ul>	<p>Same as the long form death certificates, plus these additional qualified applicants:</p> <ul style="list-style-type: none"> <li>• A title insurer or title insurance agent handling a transaction involving real property.</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Parent</li> <li>• Sibling</li> <li>• Grandparent</li> <li>• Parent’s legal representative</li> <li>• Funeral home listed on the record (within 12 months of date of death)</li> <li>• Government agency or courts (only for official duties).</li> </ul>

**Can two different notaries notarize the Authorized Representative Form?**

Yes, two notaries can notarize the 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 Whatcom County Health Department will only accept one complete form, not two separate notarized forms.

**Can I use the Authorized Representative Form 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 notary.

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

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

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).

<b>Qualified Applicant's Full Name:</b>	
<b>Qualified Applicant's Phone Number:</b>	
<b>Qualified Applicant's Email Address:</b>	
<b>Qualified Applicant's Relationship to Record:</b>	
<b>Full Name on Record Being Permitted:</b>	
<b>Type of Record:</b>	
<b>Authorized Representative Full Name:</b>	

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

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