



# Okanogan County Public Health District

1234 2nd Avenue South  
Okanogan, WA 98840  
(509) 422-7140

[www.okanogancounty.org / government / public\\_health](http://www.okanogancounty.org/government/public_health)

## **Vital Records: Authorized Representative Form** *Process Summary*

To complete this application process, submit the following items to the Okanogan County Public Health District (OCPHD). ***NOTICE!*** *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.*

### **Required Items:**

- ✓ 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 Public must sign, print their name, stamp, and date.
- ✓ **The authorized representative must submit this form within sixty (60) days of notarization with a completed application for the certificate identified on this form.**

### **Process:**

- 1) Review these instructions before completing this application. If your questions are not answered in the following information, please visit the Washington State Department of Health Vital Records webpage at <https://doh.wa.gov/licenses-permits-and-certificates/vital-records> for further details.
- 2) Complete the Authorized Representative Form with notary.
- 3) Submit the applicable certified Vital Record application (birth or death certificate) and associated non-refundable fee with the completed Authorized Representative Form within sixty (60) days of the date the form is notarized. The completed Authorized Representative Form will serve as part of your eligibility documentation as the “qualified applicant” for that process.

### **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.

### **Who is a qualified applicant?**

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

**Who are 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"> <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 a long form death certificate, <i>plus</i> 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>

To review an application process for a Birth or Death Certificate, please visit the OCPHD website at [https://www.okanogancounty.org/government/public\\_health/departments/resources/vital\\_records/index.php](https://www.okanogancounty.org/government/public_health/departments/resources/vital_records/index.php)

**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.

***NOTICE!*** 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.

For more information about vital records, please visit either of these websites:

OCPHD >>> [https://www.okanogancounty.org/government/public\\_health/departments/resources/vital\\_records/index.php](https://www.okanogancounty.org/government/public_health/departments/resources/vital_records/index.php)

**OR**

WA DOH >>> <https://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce>



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## 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  
*Print Authorized Representative 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).

*Please print the information for the following items.*

<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>	

### QUALIFIED APPLICANT

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

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