

(Effective until January 1, 2021)

WAC 246-491-149 Information collected on the legal or public section of certificates; modifications to the United States standard certificates and report forms. (1) Effective January 1, 2003, the department shall use the 2003 revisions of the United States standard forms for live birth and fetal death.

(2) Effective January 1, 2004, the department shall use the 2003 standard form for death.

(3) Effective January 1, 1992, the department shall use the 1988 revisions of the United States standard forms for marriage and certificate of divorce, dissolution of marriage or annulment.

(4) These forms are developed by the United States Department of Health and Human Services, National Center for Health Statistics. Copies of these forms may be obtained by contacting the department's center for vital statistics.

(5) With the exception of the confidential section, the department may modify any part of these forms.

(a) Table 3 identifies the modifications to the United States standard form for live birth.

(b) Table 4 identifies the modifications to the United States standard form for fetal death.

(c) Table 5 identifies the modifications to the United States standard form for death.

(d) Table 6 identifies modifications to the United States standard form for marriage.

(e) Table 7 identifies modifications to the United States standard form for certificate of divorce, dissolution of marriage, or annulment.

(6) Table 8 lists items to be collected on the certificate of dissolution of Washington state domestic partnership. This is a Washington state form not addressed in the United States standard forms.

(7) Modification to the United States standard form for marriage for parties who previously had a state-registered domestic partnership. Parties who previously had a state-registered domestic partnership and become married in Washington may obtain an amended marriage certificate from the state registrar that includes the legal date of marriage. Marriage certificates issued to parties who have a state-registered domestic partnership and who are deemed married under RCW 26.60.100 shall include the legal date of marriage of the parties. The legal date of marriage is defined in RCW 26.60.100(4) as the date of the original state-registered domestic partnership.

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

**Table 3:
Legal or Public Birth Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|-----------------------|--|
| 1 | Child's name | |
| 2 | Child's date of birth | |
| 3 | Time of birth | |
| 4 | Type of birthplace | Add "En route," Add "Planned birthplace if different" |
| 5 | Child's sex | |

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

**Table 3:
Legal or Public Birth Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|---|--|
| 6 | Name of facility | |
| 7 | City, town or location of birth | |
| 8 | County of birth | |
| 9 | Mother's name before first marriage | |
| 10 | Mother's date of birth | |
| 11 | Mother's birthplace | |
| 12 | Mother's Social Security number | |
| 13 | Mother's current legal last name | |
| 14 | Social Security number requested for child? | |
| 16a | Mother's residence - Number, street, and Apt. No. | |
| 16b | Mother's residence - City or town | |
| 16c | Mother's residence - County | |
| 16d | Tribal reservation name (if applicable) | Added |
| 16e | Mother's residence - State or foreign country | |
| 16f | Mother's residence - Zip code + 4 | |
| 16g | Mother's residence - Inside city limits? | |
| 17 | Telephone number | Added |
| 18 | How long at current residence? | Added |
| 19 | Mother's mailing address, if different | |
| 25 | Father's current legal name | |
| 26 | Father's date of birth | |
| 27 | Father's birthplace | |
| 28 | Father's Social Security number | |
| 66 | Certifier name and title | Delete check boxes |
| 67 | Date certified | |
| 68 | Attendant name and title | Delete check boxes |
| 69 | NPI of person delivering the baby | |
| — | Date filed by registrar | Deleted |

U.S. STANDARD REPORT OF FETAL DEATH

**Table 4:
Legal or Public Fetal Death Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|---|--|
| 1 | Name of fetus | |
| 2 | Sex | |
| 3 | Date of delivery | |
| 4 | Time of delivery | |
| 5 | Type of birthplace | Add "En route," Add "Planned birthplace if different" |
| 6 | Name of facility | |
| 7 | Facility ID (NPI) | |
| 8 | City, town or location of birth | |
| 9 | Zip code of delivery | |
| 10 | County of birth | |
| 11 | Mother's name before first marriage | |
| 12 | Mother's date of birth | |
| 13 | Mother's current legal last name | |
| 14 | Mother's birthplace | |
| 15a | Mother's residence - Number, street, and Apt. No. | |
| 15b | Mother's residence - City or town | |
| 15c | Mother's residence - County | |
| 15d | Tribal reservation name (if applicable) | Added |
| 15e | Mother's residence - State or foreign country | |
| 15f | Mother's residence - Zip code + 4 | |
| 15g | Mother's residence - Inside city limits? | |
| 16 | How long at current residence? | Added |
| 17 | Father's current legal name | |
| 18 | Father's date of birth | |
| 19 | Father's birthplace | |
| 20 | Name and title of person completing the report | |
| 21 | Date report completed | |
| 22 | Attendant name and title | Delete check boxes |
| 23 | NPI of person delivering the baby | |

U.S. STANDARD REPORT OF FETAL DEATH

**Table 4:
Legal or Public Fetal Death Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|--|--|
| 24 | Method of disposition | |
| 25 | Date of disposition | |
| 26 | Place of disposition | Added |
| 27 | Location of disposition - City/town and state | Added |
| 28 | Name and complete address of funeral facility | Added |
| 29 | Funeral director signature | Added |
| 30 | Initiating cause/condition (cause of death) | |
| 31 | Other significant causes or conditions | |
| 32 | Estimated time of fetal death | |
| 33 | Was an autopsy performed? | |
| 34 | Was a histological placental examination performed? | |
| 35 | Were autopsy or histological placental examination results used in determining the cause of death? | |
| 36 | Registrar signature | Added |
| 37 | Date received | |

U.S. STANDARD CERTIFICATE OF DEATH

**Table 5:
Death Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|--|--|
| 1 | Legal name (include a.k.a. if any) | |
| 2 | Death date | |
| 3 | Sex | |
| 4a | Age - Years | |
| 4b | Age - Under 1 year | |
| 4c | Age - Under 1 day | |
| 5 | Social Security number | |
| 6 | County of death | |
| 7 | Birth date | |
| 8a | Birth place - City, town or county | |
| 8b | Birth place - State or foreign country | |

U.S. STANDARD CERTIFICATE OF DEATH

**Table 5:
Death Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|---|--|
| 9 | Decedent's education | Add "Specify": next to box for "8th Grade or less" |
| 10 | Decedent's Hispanic origin | |
| 11 | Decedent's race | |
| 12 | Was decedent ever in U.S. Armed Forces? | |
| 13a | Residence - Number and street | |
| 13b | Residence - City or town | |
| 13c | Residence - County | |
| 13d | Tribal reservation name (if applicable) | Added |
| 13e | Residence - State or foreign country | |
| 13f | Residence - Zip code | |
| 13g | Inside city limits? | |
| 14 | Estimated length of time at residence | Added |
| 15 | Marital status at time of death | |
| 16 | Surviving spouse's name | |
| 17 | Occupation | |
| 18 | Kind of business/industry | |
| 19 | Father's name | |
| 20 | Mother's name before first marriage | |
| 21 | Informant - Name | |
| 22 | Informant - Relationship to decedent | |
| 23 | Informant - Address | |
| 24 | Place of death | |
| 25 | Facility name (if not a facility, give number and street) | |
| 26a | City, town, or location of death | |
| 26b | State of death | |
| 27 | Zip code of death | |
| 28 | Method of disposition | |
| 29 | Place of disposition (name of cemetery, crematory, other place) | |
| 30 | Disposition - City/town, and state | |

U.S. STANDARD CERTIFICATE OF DEATH

**Table 5:
Death Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|---|--|
| 31 | Name and complete address of funeral facility | |
| 32 | Date of disposition | Added |
| 33 | Funeral director signature | |
| 34 | Causes of death and intervals between onset and death | |
| 35 | Other significant conditions contributing to death | |
| 36 | Autopsy? | |
| 37 | Were autopsy findings available to complete the cause of death? | |
| 38 | Manner of death | |
| 39 | Pregnancy status | |
| 40 | Did tobacco use contribute to death? | |
| 41 | Date of injury | |
| 42 | Hour of injury | |
| 43 | Place of injury | |
| 44 | Injury at work? | |
| 45 | Injury location - Street, city, county, state, zip | County Added |
| 46 | Describe how injury occurred | |
| 47 | Transport injury type | |
| 48a | Certifying physician signature | |
| 48b | Medical examiner/coroner signature | |
| 49 | Name and address of certifier | |
| 50 | Hour of death | |
| 51 | Name and title of attending physician if other than certifier | Added |
| 52 | Date certified | |
| 53 | Title of certifier | |
| 54 | License number of certifier | |
| 55 | ME/coroner file number | Added |
| 56 | Was case referred to medical examiner? | |
| 57 | County registrar signature | Added |
| 58 | County date received | Added |

U.S. STANDARD CERTIFICATE OF DEATH

**Table 5:
Death Certificate Items**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|--|--|
| 59 | Record amendment | Added |
| — | License number of funeral director | Deleted |
| — | Date pronounced dead | Deleted |
| — | Time pronounced dead | Deleted |
| — | Signature of person pronouncing death | Deleted |
| — | License number of person pronouncing death | Deleted |
| — | Date person pronouncing death signed | Deleted |

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

**Table 6:
Certificate of Marriage**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|---|--|
| | Certificate name | Modified |
| 1 | County of license | Added |
| 2 | Date valid | |
| 3 | Not valid after (date) | |
| 4 | County auditor signature | |
| 5 | Date received (by county auditor) | |
| 6a | Person A - Bride/groom/spouse | Added |
| 6b | Legal name before marriage | Modified |
| 6c | Birth name, if different | Added |
| 6d | Sex - Male/female | Added |
| 6e | Current residence (street, city/town) | |
| 6f | County of residence | |
| 6g | State of residence | |
| 6h | Date of birth | |
| 6i | Birth state (if not USA, provide country) | |
| 6j | Mother/parent birth name | Modified |
| 6k | Father/parent birth name | Modified |
| 6l | Mother/parent birth state (or country) | Modified |
| 6m | Father/parent birth state (or country) | Modified |
| 7a | Person B - Bride/groom/spouse | Added |

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

**Table 6:
Certificate of Marriage**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|---|--|
| 7b | Legal name before marriage | |
| 7c | Birth name, if different | Modified |
| 7d | Sex - Male/female | Added |
| 7e | Current residence (street, city/town) | |
| 7f | County of residence | |
| 7g | State of residence | |
| 7h | Date of birth | |
| 7i | Birth state (if not USA, provide country) | |
| 7j | Mother/parent birth name | Modified |
| 7k | Father/parent birth name | Modified |
| 7l | Mother/parent birth state (or country) | Modified |
| 7m | Father/parent birth state (or country) | Modified |
| 8 | Date of marriage | |
| 9 | County of ceremony | |
| 10 | Type of ceremony | Added |
| 11 | Date signed (by officiant) | Added |
| 12 | Officiant's address | |
| 13 | Officiant's daytime phone | Added |
| 14 | Officiant's name | |
| 15 | Officiant's signature | |
| 16 | Witness signature | |
| 17 | Witness signature | |
| 18 | Person A signature | Modified |
| 19 | Date signed (by person A) | Added |
| 20 | Person B signature | Modified |
| 21 | Date signed (by person B) | Added |
| 22 | Person A - Social Security number | Added |
| 23 | Person A - Name | Added |
| 24 | Person B - Social Security number | Added |
| 25 | Person B - Name | Added |
| 26 | Person A signature - Declaration in absence of a Social Security number | Added |

U.S. STANDARD LICENSE AND CERTIFICATE OF MARRIAGE

**Table 6:
Certificate of Marriage**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|--|--|
| 27 | Person A date - Declaration in absence of a Social Security number | Added |
| 28 | Person B signature - Declaration in absence of a Social Security number | Added |
| 29 | Person B date - Declaration in absence of a Social Security number | Added |
| | (Groom's) age last birthday | Deleted |
| | (Bride's) age last birthday | Deleted |
| | Signature of (license) issuing official | Deleted |
| | Title of (license) issuing official | Deleted |
| | Where married - City, town or location | Deleted |
| | Title (of officiant) | Deleted |
| | Confidential information | Deleted |

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF
MARRIAGE, OR ANNULMENT

**TABLE 7:
Certification of Dissolution, Declaration of Invalidity
of Marriage, or Legal Separation**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|--------------------|--------------------------------------|--|
| | Certificate name | Modified |
| 1 | Court file number | Added |
| 2 | Type of decree | |
| 3 | Date of decree | |
| 4 | County where decree filed | |
| 5 | Signature of superior court clerk | |
| 6a | Spouse A - Name | Added |
| 6b | Birth name, if different | Added |
| 6c | Date of birth | |
| 6d | Place of birth (state or country) | |
| 6e | Residence - Street | Added |
| 6f | Residence - City | |
| 6g | Residence - County | |

U.S. STANDARD CERTIFICATE OF DIVORCE, DISSOLUTION OF
MARRIAGE, OR ANNULMENT

**TABLE 7:
Certification of Dissolution, Declaration of Invalidity
of Marriage, or Legal Separation**

| Item Number | Item Name | Difference from U.S. Standard, if any |
|------------------------|---|--|
| 6h | Residence - State | |
| 7a | Spouse B - Name | Added |
| 7b | Birth name, if different | Modify |
| 7c | Date of birth | |
| 7d | Place of birth (state or country) | |
| 7e | Residence - Street | Added |
| 7f | Residence - City | |
| 7g | Residence - County | |
| 7h | Residence - State | |
| 8 | Place of marriage - County | |
| 9 | Place of marriage - State | |
| 10 | Date of marriage | |
| 11 | Number of children born alive of this marriage | Added |
| 12 | Petitioner | |
| 13 | Name of petitioner's attorney or pro se | |
| 14 | Petitioner's attorney's address | |
| 15 | Spouse A Social Security number | Added |
| 16 | Spouse B Social Security number | Added |
| | Date (decree) recorded | Deleted |
| | Number of children under 18 whose physical custody was awarded to (husband, wife, joint, other) | Deleted |
| | Number of children under 18 in household | Deleted |
| | Title of court | Deleted |
| | Title of certifying official | Deleted |
| | Date (certifying official) signed | Deleted |
| | Date couple last resided in same household | Deleted |
| | Confidential items | Deleted |

**TABLE 8:
Certification of Dissolution of Washington State
Domestic Partnership**

| Item Number | Item Name |
|----------------|---|
| | Certificate name |
| | Court file number |
| 1 | Type of decree |
| 2 | Date of decree |
| 3 | County where decree filed |
| 4 | Signature of superior court clerk |
| 5a | First partner's name |
| 5b | First partner's name at birth |
| 6 | First partner's date of birth |
| 7 | First partner's place of birth |
| 8 | First partner's residence - Street |
| 9 | First partner's residence - City |
| 10 | First partner's residence - Inside city limits |
| 11 | First partner's residence - County |
| 12 | First partner's residence - State |
| 13a | Second partner's name |
| 13b | Second partner's name at birth |
| 14 | Second partner's date of birth |
| 15 | Second partner's place of birth |
| 16 | Second partner's residence - Street |
| 17 | Second partner's residence - City |
| 18 | Second partner's residence - Inside city limits |
| 19 | Second partner's residence - County |
| 20 | Second partner's residence - State |
| 21 | Date of this partnership |
| 22 | Domestic partnership certificate number |
| 23 | Petitioner |
| 24 | Name of petitioner's attorney/pro se |
| 25 | Petitioner's address |

[Statutory Authority: RCW 43.70.150 and 26.60.100. WSR 14-04-092, § 246-491-149, filed 2/4/14, effective 3/7/14. Statutory Authority: RCW 43.70.150. WSR 13-01-004, § 246-491-149, filed 12/6/12, effective 12/6/12. Statutory Authority: RCW 26.09.150. WSR 09-11-111, § 246-491-149, filed 5/19/09, effective 6/19/09. Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. WSR 02-20-092, § 246-491-149, filed 10/1/02, effective 11/1/02. Statutory Authority: RCW 43.70.150. WSR 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620. WSR 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]

(Effective January 1, 2021)

WAC 246-491-149 Information collected on the legal or public section of vital records. The department shall collect the following items on the legal or public section of reports for registration into the statewide vital records system in accordance with chapter 70.58A RCW and this section.

REPORT OF LIVE BIRTH

**Table 3:
Legal or Public Birth Record Items**

| Item Name | Difference from U.S. Standard, if any |
|--|--|
| Child's name | |
| Child's date of birth | |
| Time of birth | |
| Type of birthplace | Add "En route," Add "Planned birthplace if different" |
| Child's sex | |
| Name of facility | |
| City, town or location of birth | |
| County of birth | |
| Mother/Parent's name before first marriage | |
| Mother/Parent's date of birth | |
| Mother/Parent's birthplace | |
| Mother/Parent's Social Security number | |
| Mother/Parent's current legal last name | |
| Social Security number requested for child? | |
| Mother/Parent's residence - Number, street, and Apt. No. | |
| Mother/Parent's residence - City or town | |
| Mother/Parent's residence - County | |
| Tribal reservation name (if applicable) | Added |
| Mother/Parent's residence - State or foreign country | |
| Mother/Parent's residence - Zip code + 4 | |
| Mother/Parent's residence - Inside city limits? | |
| Telephone number | Added |
| How long at current residence? | Added |
| Mother/Parent's mailing address, if different | |
| Father/Parent's current legal name | |
| Father/Parent's date of birth | |
| Father/Parent's birthplace | |

| Item Name | Difference from U.S. Standard, if any |
|--|--|
| Father/Parent's Social Security number | |
| Certifier name and title | Delete check boxes |
| Date certified | |
| Attendant name and title | Delete check boxes |
| NPI of person delivering the baby | |

REPORT OF FETAL DEATH

Table 4:
Legal or Public Fetal Death Record Items

| Item Name | Difference from U.S. Standard, if any |
|--|--|
| Name of fetus | |
| Sex | |
| Date of delivery | |
| Time of delivery | |
| Type of birthplace | Add "En route," Add "Planned birthplace if different" |
| Name of facility | |
| Facility ID (NPI) | |
| City, town or location of birth | |
| Zip code of delivery | |
| County of birth | |
| Mother/Parent's name before first marriage | |
| Mother/Parent's date of birth | |
| Mother/Parent's current legal last name | |
| Mother/Parent's birthplace | |
| Mother/Parent's residence - Number, street, and Apt. No. | |
| Mother/Parent's residence - City or town | |
| Mother/Parent's residence - County | |
| Tribal reservation name (if applicable) | Added |
| Mother/Parent's residence - State or foreign country | |
| Mother/Parent's residence - Zip code + 4 | |
| Mother/Parent's residence - Inside city limits? | |
| How long at current residence? | Added |
| Father/Parent's current legal name | |
| Father/Parent's date of birth | |

| Item Name | Difference from U.S. Standard, if any |
|--|--|
| Father/Parent's birthplace | |
| Name and title of person completing the report | |
| Date report completed | |
| Attendant name and title | Delete check boxes |
| NPI of person delivering the baby | |
| Method of disposition | |
| Date of disposition | |
| Place of disposition | Added |
| Location of disposition - City/town and state | Added |
| Name and complete address of funeral facility | Added |
| Funeral director signature | Added |
| Initiating cause/condition (cause of death) | |
| Other significant causes or conditions | |
| Estimated time of fetal death | |
| Was an autopsy performed? | |
| Was a histological placental examination performed? | |
| Were autopsy or histological placental examination results used in determining the cause of death? | |
| Registrar signature | Added |
| Date received | |

REPORT OF DEATH

**Table 5:
Death Record Items**

| Item Name | Difference from U.S. Standard, if any |
|--|--|
| Legal name (include a.k.a. if any) | |
| Death date | |
| Sex | Add "X" as nonbinary option |
| Age - Years | |
| Age - Under 1 year | |
| Age - Under 1 day | |
| Social Security number | |
| County of death | |
| Birth date | |
| Birth place - City, town or county | |
| Birth place - State or foreign country | |

| Item Name | Difference from U.S. Standard, if any |
|---|--|
| Decedent's education | Add "Specify": next to box for "8th Grade or less" |
| Decedent's Hispanic origin | |
| Decedent's race | |
| Was decedent ever in U.S. Armed Forces? | |
| Residence - Number and street | |
| Residence - City or town | |
| Residence - County | |
| Tribal reservation name (if applicable) | Added |
| Residence - State or foreign country | |
| Residence - Zip code | |
| Inside city limits? | |
| Estimated length of time at residence | Added |
| Marital status at time of death | |
| Surviving spouse's name | |
| Occupation | |
| Kind of business/industry | |
| Father/Parent's name | |
| Mother/Parent's name before first marriage | |
| Informant - Name | |
| Informant - Relationship to decedent | |
| Informant - Address | |
| Place of death | |
| Facility name (if not a facility, give number and street) | |
| City, town, or location of death | |
| State of death | |
| Zip code of death | |
| Method of disposition | |
| Place of disposition (name of cemetery, crematory, other place) | |
| Disposition - City/town, and state | |
| Name and complete address of funeral facility | |
| Date of disposition | Added |
| Funeral director signature | |
| Causes of death and intervals between onset and death | |
| Other significant conditions contributing to death | |
| Autopsy? | |
| Were autopsy findings available to complete the cause of death? | |

| Item Name | Difference from U.S. Standard, if any |
|---|--|
| Manner of death | |
| Pregnancy status | |
| Did tobacco use contribute to death? | |
| Date of injury | |
| Hour of injury | |
| Place of injury | |
| Injury at work? | |
| Injury location - Street, city, county, state, zip | County Added |
| Describe how injury occurred | |
| Transport injury type | |
| Certifying physician signature | |
| Medical examiner/coroner signature | |
| Name and address of certifier | |
| Hour of death | |
| Name and title of attending physician if other than certifier | Added |
| Date certified | |
| Title of certifier | |
| License number of certifier | |
| ME/coroner file number | Added |
| Was case referred to medical examiner? | |
| County registrar signature | Added |
| County date received | Added |
| Record amendment | Added |

REPORT OF MARRIAGE

**Table 6:
Certification of Marriage**

| Item Name | Difference from U.S. Standard, if any |
|---------------------------------------|--|
| Certificate name | Modified |
| County of license | Added |
| Date valid | |
| Not valid after (date) | |
| County auditor signature | |
| Date received (by county auditor) | |
| Person A - Bride/groom/spouse | Added |
| Legal name before marriage | Modified |
| Birth name, if different | Added |
| Sex | Added |
| Current residence (street, city/town) | |
| County of residence | |

| Item Name | Difference from U.S. Standard, if any |
|---|---|
| State of residence | |
| Date of birth | |
| Birth state (if not USA, provide country) | |
| Mother/Parent's birth name | Modified |
| Father/Parent's birth name | Modified |
| Mother/Parent's birth state (or country) | Modified |
| Father/Parent's birth state (or country) | Modified |
| Person B - Bride/groom/spouse | Added |
| Legal name before marriage | |
| Birth name, if different | Modified |
| Sex | Added |
| Current residence (street, city/ town) | |
| County of residence | |
| State of residence | |
| Date of birth | |
| Birth state (if not USA, provide country) | |
| Mother/Parent's birth name | Modified |
| Father/Parent's birth name | Modified |
| Mother/Parent's birth state (or country) | Modified |
| Father/Parent's birth state (or country) | Modified |
| Date of marriage | |
| County of ceremony | |
| Type of ceremony | Added |
| Date signed (by officiant) | Added |
| Officiant's address | |
| Officiant's daytime phone | Added |
| Officiant's name | |
| Officiant's signature | |
| Witness signature | |
| Witness signature | |
| Person A signature | Modified |
| Date signed (by person A) | Added |
| Person B signature | Modified |
| Date signed (by person B) | Added |
| Person A - Social Security number | Added |
| Person A - Name | Added |
| Person B - Social Security number | Added |
| Person B - Name | Added |

| Item Name | Difference from U.S. Standard, if any |
|---|--|
| Person A signature - Declaration in absence of a Social Security number | Added |
| Person A date - Declaration in absence of a Social Security number | Added |
| Person B signature - Declaration in absence of a Social Security number | Added |
| Person B date - Declaration in absence of a Social Security number | Added |

REPORT OF DIVORCE, DISSOLUTION OF MARRIAGE, OR ANNUL-
MENT

Table 7:
Certification of Dissolution, Declaration of Invalidity of Marriage, or Legal Separation

| Item Name | Difference from U.S. Standard, if any |
|--|--|
| Certificate name | Modified |
| Court file number | Added |
| Type of decree | |
| Date of decree | |
| County where decree filed | |
| Signature of superior court clerk | |
| Spouse A - Name | Added |
| Birth name, if different | Added |
| Date of birth | |
| Place of birth (state or country) | |
| Residence - Street | Added |
| Residence - City | |
| Residence - County | |
| Residence - State | |
| Spouse B - Name | Added |
| Birth name, if different | Modify |
| Date of birth | |
| Place of birth (state or country) | |
| Residence - Street | Added |
| Residence - City | |
| Residence - County | |
| Residence - State | |
| Place of marriage -County | |
| Place of marriage - State | |
| Date of marriage | |
| Number of children born alive of this marriage | Added |

| Item Name | Difference from U.S. Standard, if any |
|--|---|
| Petitioner | |
| Name of petitioner's attorney or pro se | |
| Petitioner's attorney's address | |
| Spouse A Social Security number | Added |
| Spouse B Social Security number | Added |

**Table 8:
Certification of Dissolution of
Washington State Domestic Partner-
ship**

| Item Name |
|---|
| Certificate name |
| Court file number |
| Type of decree |
| Date of decree |
| County where decree filed |
| Signature of superior court clerk |
| First partner's name |
| First partner's name at birth |
| First partner's date of birth |
| First partner's place of birth |
| First partner's residence - Street |
| First partner's residence - City |
| First partner's residence - Inside city limits |
| First partner's residence - County |
| First partner's residence - State |
| Second partner's name |
| Second partner's name at birth |
| Second partner's date of birth |
| Second partner's place of birth |
| Second partner's residence - Street |
| Second partner's residence - City |
| Second partner's residence - Inside city limits |
| Second partner's residence - County |
| Second partner's residence - State |
| Date of this partnership |
| Domestic partnership certificate number |
| Petitioner |
| Name of petitioner's attorney/pro se |
| Petitioner's address |

[Statutory Authority: 2019 c 148. WSR 20-13-017, § 246-491-149, filed 6/5/20, effective 1/1/21. Statutory Authority: RCW 43.70.150 and 26.60.100. WSR 14-04-092, § 246-491-149, filed 2/4/14, effective 3/7/14. Statutory Authority: RCW 43.70.150. WSR 13-01-004, § 246-491-149, filed 12/6/12, effective 12/6/12. Statutory Authority:

RCW 26.09.150. WSR 09-11-111, § 246-491-149, filed 5/19/09, effective 6/19/09. Statutory Authority: RCW 43.70.150, 70.58.055, and chapter 70.58 RCW. WSR 02-20-092, § 246-491-149, filed 10/1/02, effective 11/1/02. Statutory Authority: RCW 43.70.150. WSR 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-491-149, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.620. WSR 88-19-034 (Order 2696), § 248-124-160, filed 9/12/88.]