How to Register an Unattended Home Birth

An unattended home birth means a child under one (1) year of age, born at home without the assistance of a licensed midwife or medical professional. **Forms must be postmarked prior to the child’s first birthday.**

If the child is over one (1) year of age, you must contact the Washington State Department of Health to register a delayed report of live birth.

1. **Fill out the Washington State Birth Filing (DOH 422-020) form in black ink.**
   
   Complete item numbers 1 through 38. See below for additional details on some items.
   
   - Item 5 – select Home or Other and specify.
   - Item 71 – provide exact name and address where birth took place.
   - Item 11 – provide name given at birth, also known as maiden name, of mother/person that gave birth.
   - Item 29 – select the marital status of the mother/person that gave birth.

   Leave items 39-69 and 71 blank. This is page 3 under Hospital Use Only and Attendant and Certifier Information.

   Complete item 70. The **attendant** must print their full name, state their relationship to the mother/person who gave birth, and sign the form. This person must be over the age of 18 and be the person who delivered the baby, attended the birth, or has knowledge of the birth facts (father/second parent, friend, unlicensed midwife, etc.).

   *Important note: The mother/person who gave birth cannot sign as the attendant.*

2. **Fill out Supporting Affidavit DOH (422-036).**

   Only one original Supporting Affidavit will be accepted. The affidavit must be completed by the mother/person who gave birth or someone with knowledge of the birth facts. **The affidavit must be signed in the presence of a notary public, and cannot be signed by the same person who signed as the attendant on the Washington State Birth Filing form.**

   The affidavit must provide the following information:
   
   - Full name of the child (First, Middle, Last Name).
   - Child’s sex (M for Male or F for female).
   - Child’s date of birth.
   - Place of birth (exact address where the birth occurred).
   - Full birth name, also known as maiden name, of the mother/person who gave birth.
   - Full current name of the father/second parent (if applicable).

   The person completing the affidavit must provide a detailed statement of their personal knowledge about the birth. “**Personal knowledge**” means having seen the child’s mother (a.) in an apparent pregnant state within two months before the child’s date of birth and in a non-pregnant state after the child’s date of birth; or (b.) give birth to the child. Specific details include exact location where the birth took place and list of names of people present at the birth.
3. **Submit Copies of Identity Documents.**
   A copy of identity documents is required from the following individuals:
   - Attendant who signed the Washington State Birth Filing form.
   - Mother/Person who gave birth.
   - Father/Second parent (if listed on the Washington State Birth Filing form).

   The acceptable identity documentation includes:
   - One government issued identification document not expired more than 60 days, or
   - At least two documents from the alternative list of acceptable identification.

4. **Submit Copies of Residence.**
   Evidence of the mother's/person who gave birth’s residence in Washington state within 30 days of the date of live birth. The document(s) submitted must include the mother’s/person who gave birth’s name and address and the date range on the document must cover the child’s date of birth.

   Proof documents include, but not limited to:
   - An original rent receipt that includes the mother’s/person who gave birth’s name and address.
   - Home utility bill for Washington address (gas, electric, water, garbage, sewer, landline phone, TV, internet, or ISTA) that includes mother’s/person who gave birth’s name and address.
   - Letter attesting residence in alternative housing (e.g. assisted living, college campus, shelter, mission, senior housing, or retirement home) on company letter head with a phone number for use in verification of the facility.
   - Proof of home ownership (mortgage documents, property tax documents, deed, title, insurance policy, etc.).
   - DSHS benefits letter indicating unexpired benefits (medical, food, etc.).

   Other documents or exceptions must be approved by the State Registrar.

5. **Submit Acknowledgment of Parentage** (if applicable).
   If the mother/person who gave birth was not married at any time during the pregnancy, **Acknowledgment of Parentage (DOH 422-159)** needs to be completed to add the father/second parent to the birth certificate.

   For more information and required forms, visit [https://www.doh.wa.gov/LicensesPermitsandCertificates/VitalRecords/Parentage](https://www.doh.wa.gov/LicensesPermitsandCertificates/VitalRecords/Parentage).

6. **Send completed forms to:**
   Attention: Birth Registration
   Center for Health Statistics
   PO Box 47814
   Olympia, WA 98504-7814
# Washington State Birth Filing Form

Fields with asterisk (*) are required and appear on the Birth Certificate.

## For Hospital Use Only

<table>
<thead>
<tr>
<th>Mother/Parent’s Medical Record #:</th>
<th>Child’s Medical Record #:</th>
<th>Prefer Parent / Parent Labels on Birth Certificate</th>
<th>☐ Yes</th>
<th>☐ No</th>
</tr>
</thead>
</table>

Plurality:
- ☐ 1- single birth
- ☐ 2- twin
- ☐ 3- triplet
- ☐ Other ________

If multiple, this worksheet is for child:
- ☐ 1- first born
- ☐ 2- second born
- ☐ 3- third born
- ☐ Other ________

## Child’s Information

### *1. Child’s Name*

First | Middle | Last
--- | --- | ---

### *2. Child’s Date of Birth (MM/DD/YYYY)*

/ / /

### *3. Time of Birth*

/ / /

### *4. Child’s Sex*

- ☐ Male
- ☐ Female

### *5. Type of Birthplace*

- ☐ Hospital
- ☐ Enroute
- ☐ Freestanding Birth Center
- ☐ Clinic/Doctor’s Office
- ☐ Other (specify):

### *7. Name of Facility* (If not a facility, enter name of place and address)

### *8. County of Birth*

### *9. City of Birth*

## Mother/Parent’s information

### *10. Mother/Parent’s Current Legal Name*

First | Middle | Last
--- | --- | ---

### *11. Full name as it appears on your Birth Certificate*

First | Middle | Last
--- | --- | ---

### *12. Date of Birth (MM/DD/YYYY)*

/ / /

### *13. Birthplace (State, Territory, or Foreign Country)*

### *14. Social Security Number*

### *15. Do you want to get a Social Security Number for your child?*

- ☐ Yes
- ☐ No

### *16a. Residence: Number and Street (e.g., 624 SE 5th St.)*

Apt No.

### *16b. If not U.S.; Country*

### *16c. State*

### *16d. County*

### *16e. If you live on Tribal Reservation, give name*

### *16f. City or Town*

### *16g. Zip Code + 4*

### *16h. Inside City Limits?*

- ☐ Yes
- ☐ No
- ☐ Unknown

### *17. How Long at Current Residence?*

Years: Months:

### *18. Telephone Number*

( )

### *19a. Mailing Address, if different: Number and Street, or PO Box*

Apt No.

### *19b. If not U.S.; Country*

### *19c. State*

### *19d. City*

### *19e. Zip Code + 4*

### *20. Occupation* (type of work done during last year)

### *21. Kind of Business/Industry* (do not use company name)

### *22. Mother/Parent Education Level* (Check the box that best describes the highest degree or level of school completed at the time of delivery.)

- ☐ 1 8th grade or less (specify): __________________
- ☐ 2 9th – 12th grade; no diploma
- ☐ 3 High school graduate or GED
- ☐ 4 Some college credit, but no degree
- ☐ 5 Associate degree (AA, AS, etc.)
- ☐ 6 Bachelor’s degree (BA, AB, BS, etc.)
- ☐ 7 Master’s degree (MA, MS, MAEd, MSW, MBA, etc.)
- ☐ 8 Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)

### *23. Mother/Parent Hispanic Origin?* (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check “No” box if not Spanish/Hispanic/Latina.)

- ☐ 1 No, not Spanish/Hispanic/Latina
- ☐ 2 Yes, Mexican, Mexican American, Chicana
- ☐ 3 Yes, Puerto Rican
- ☐ 4 Yes, Cuban
- ☐ 5 Yes, Other Spanish/Hispanic/Latina (specify):

### *24. Mother/Parent Race* (check one or more)

- ☐ 1 White
- ☐ 2 Black or African American
- ☐ 3 American Indian or Alaska Native (Name of enrolled or principal tribe)
- ☐ 4 Asian Indian
- ☐ 5 Chinese
- ☐ 6 Filipino
- ☐ 7 Japanese
- ☐ 8 Korean
- ☐ 9 Vietnamese
- ☐ 10 Other Asian (specify):
- ☐ 11 Native Hawaiian
- ☐ 12 Guamanian or Chamorro
- ☐ 13 Samoan
- ☐ 14 Other Pacific Islander (specify):
- ☐ 15 Other (specify):

Continue on next page
### Father/Parent’s Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Banker’s information</td>
</tr>
<tr>
<td>Middle</td>
<td>Middle name</td>
</tr>
<tr>
<td>Last</td>
<td>Last name</td>
</tr>
</tbody>
</table>

#### 25. Current Height

<table>
<thead>
<tr>
<th>Feet</th>
<th>Inches</th>
</tr>
</thead>
</table>

#### 26. Pre-Pregnancy Weight (pounds)

<table>
<thead>
<tr>
<th>Weight</th>
</tr>
</thead>
</table>

#### 27. Were WIC benefits utilized during pregnancy?

- [ ] Yes
- [ ] No

#### 28. Cigarette Smoking Before and During Pregnancy

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Smoking Period</th>
<th># of cigarettes</th>
<th># of packs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three months before pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First three months of pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second three months of pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last three months of pregnancy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 29. Marital Status of Mother/Parent

- [ ] Married - Yes
- [ ] Married - No

#### 29a. Is Mother/Parent married? (Check only one box)

- [ ] Yes, I am married to the other person identified in box #30.
- [ ] Yes, I am married but not to the other person identified in box #30.
- [ ] Yes, I am married but not providing the spouse or partner’s information.

#### 29b. Is Mother/Parent married? (Check only one box)

- [ ] No, I am not married. I am providing information about the father/parent in box #30. I will complete an Acknowledgement of Parentage form at the hospital.
- [ ] No, I am not married, but I was married to the other person identified in box #30 at some time during this pregnancy.
- [ ] No, I am not married and not submitting a completed Acknowledgment of Parentage form with the father/parent’s information.

#### 30. Father/Parent's Current Legal Name

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Banker’s information</td>
</tr>
<tr>
<td>Middle</td>
<td>Middle name</td>
</tr>
<tr>
<td>Last</td>
<td>Last name</td>
</tr>
</tbody>
</table>

#### 31. Date of Birth (MM/DD/YYYY)

- / / 

#### 32. Birthplace (State, Territory, or Foreign Country)

- / 

#### 33. Social Security Number

- / 

#### 34. Occupation (type of work done during last year.)

- / 

#### 35. Kind of Business/Industry (do not use Company Name)

- / 

#### 36. Father/Parent Education Level

- [ ] 8th grade or less (specify):
- [ ] 9th – 12th grade; no diploma
- [ ] High school graduate or GED
- [ ] Some college credit, but no degree
- [ ] Associate degree (AA, AS, etc.)
- [ ] Bachelor’s degree (BA, AB, BS, etc.)
- [ ] Master’s degree (MA, MS, Med, MSW, MBA, etc.)
- [ ] Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)

#### 37. Father/Parent of Hispanic Origin?

- [ ] No, not Spanish/Hispanic/Latino
- [ ] Yes, Mexican, Mexican American, Chicano
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latino (specify):

#### 38. Father/Parent Race (check one or more)

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native (Name of enrolled or principal tribe)
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian (specify):
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other Pacific Islander (specify):
- [ ] Other (specify):
### Child's Statistical Information

<table>
<thead>
<tr>
<th>50. Birth Weight</th>
<th>51. Infant Head Circumference (cm)</th>
<th>52. Obstetric Estimate of Gestation (completed weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>lbs:</td>
<td>ozs:</td>
<td>cm</td>
</tr>
</tbody>
</table>

### Medical and Health Information

#### 59. Risk Factors in this Pregnancy (check all that apply):
1. Diabetes
   - Prepregnancy (Diagnosis prior to this pregnancy)
   - Gestational (Diagnosis in this pregnancy)
2. Hypertension
   - Prepregnancy (Chronic)
   - Gestational (PIH, preeclampsia)
3. Eclampsia
4. Previous preterm births
5. Vaginal bleeding during this pregnancy prior to the onset of labor
6. Fetal intolerance of labor such that one or more of the following actions was taken:
   - Induction of labor
   - Augmentation of labor
   - Cervical cerclage
   - Tocolysis
   - External cephalic version:
     - Successful
     - Failed
   - Fetal intolerance of labor such that one or more of the following actions was taken:
     - Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
     - Repeated fetal non-stress test refractory to tocolysis
     - MODerate/heavy meconium staining of the amniotic fluid
     - Ruptured uterus
     - Maternal transfusion
     - Maternal transfusion
     - Other
   - None of the above

#### 60. Infections Present and/or Treated During this Pregnancy (check all that apply):
1. Gonorrhea
2. Syphilis
3. Herpes Simplex Virus (HSV)
4. Chlamydia
5. Hepatitis B
6. Hepatitis C
7. HIV Infection
8. Other
   - Specify:
9. None of the above

#### 61. Obstetric procedures (Check all that apply):
1. Cervical cerclage
2. Tocolysis
3. External cephalic version:
   - Successful
   - Failed
4. None of the above

#### 62. Method of Delivery
A. Was delivery with forceps attempted but unsuccessful?
   - Yes
   - No
B. Was delivery with vacuum extraction attempted but unsuccessful?
   - Yes
   - No
C. Fetal presentation at birth
   - Cephalic
   - Breech
   - Other
D. Final route and method of delivery (Check One)
   - Vaginal:
     - Spontaneous
     - Forceps
     - Vacuum
     - Cesarean:
       - If cesarean, was a trial of labor attempted?
         - Yes
         - No

#### 63. Obstetric procedures (Check all that apply):
1. Cervical cerclage
2. Tocolysis
3. External cephalic version:
   - Successful
   - Failed
4. None of the above

#### 64. Other Information
A. Mother had a prior cesarean delivery?
   - Yes
   - No
B. Mother had a previous cesarean delivery?
   - Yes
   - No
C. Mother had a previous cesarean delivery?
   - Yes
   - No
D. Mother had a previous cesarean delivery?
   - Yes
   - No

#### 65. Characteristics of Labor and Delivery (Check all that apply):
1. Induction of labor
2. Augmentation of labor
3. Non-vertex presentation
4. Epidural or spinal anesthesia during labor
5. Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥38°C (100.4°F)
6. Maternal Morbidity (complications associated with labor and delivery) (Check all that apply):
   - Maternal transfusion
   - Third or fourth degree perineal laceration
   - Ruptured uterus
   - Unplanned hysterectomy
   - Maternal transfusion
   - None of the above

#### 66. Abnormal Conditions of the Newborn
A. Was delivery with forceps attempted but unsuccessful?
   - Yes
   - No
B. Was delivery with vacuum extraction attempted but unsuccessful?
   - Yes
   - No
C. Fetal presentation at birth
   - Cephalic
   - Breech
   - Other
D. Final route and method of delivery (Check One)
   - Vaginal:
     - Spontaneous
     - Forceps
     - Vacuum
     - Cesarean:
       - If cesarean, was a trial of labor attempted?
         - Yes
         - No

#### 67. Congenital Anomalies of the Newborn
A. Was delivery with forceps attempted but unsuccessful?
   - Yes
   - No
B. Was delivery with vacuum extraction attempted but unsuccessful?
   - Yes
   - No
C. Fetal presentation at birth
   - Cephalic
   - Breech
   - Other
D. Final route and method of delivery (Check One)
   - Vaginal:
     - Spontaneous
     - Forceps
     - Vacuum
     - Cesarean:
       - If cesarean, was a trial of labor attempted?
         - Yes
         - No

#### 68. Attendant and Certifier Information

<table>
<thead>
<tr>
<th>68. Certifier – Name and Title</th>
<th>69. Date Certified (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>70. Attendant – Name and Title (If other than Certifier)</th>
<th>71. NPI of person delivering the baby:</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>/</td>
</tr>
</tbody>
</table>
Supporting Affidavit

I, ____________________________, declare under penalty of perjury under the laws of Washington State that the following is true and correct:

___________________________, sex____, was born on ________________
Child’s First Name        Middle Name       Last Name        MM/DD/YYYY

in ________________________ in the county of ________________________, state of Washington.
City or Town

If the child is under the age of 18, were the parents married at any time during the pregnancy?

☐ Yes     ☐ No     ☐ Not applicable

Father/parent birth name______________________________, and father/parent was
First Name        Full Middle Name       Last /Maiden Name

born in the state or country of ________________________________.

Mother/parent birth name______________________________, and mother/parent was
First Name        Full Middle Name       Last /Maiden Name

born in the state or country of ________________________________.

I am related to the above named child as ____________________________ and I know or have personal
(Parent, Brother, Sister, Aunt, etc.)

knowledge of the facts concerning the above birth to be true because: ________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Note: "Personal knowledge" means having observed an individual’s mother in either (a.) an apparent pregnant state within two months before the individual’s date of birth and in a non-pregnant state after the individual’s date of birth; or (b.) giving birth to the individual. Please provide specific details about the location where the birth took place, in addition to a list of names of those present at the birth.

Affiant’s Signature______________________________ Phone (_____) ____________
Mailing Address ________________________________
Street or P.O. Box
City or Town
State
Zip Code

SUBSCRIBED and SWORN to before me this________ day of __________, 20________

(seal or stamp)

NOTARY PUBLIC in and for the State of Washington, Residing at __________________________ City or Town
Notary commission expires: __________________________
WASHINGTON STATE VITAL RECORDS
ACCEPTABLE PROOFS OF IDENTITY DOCUMENTATION

One of the following government issued documents (must contain photo, full name, and date of birth) that is current or expired less than 60 days:

- Washington State enhanced driver’s license (EDL), driver’s license (DL), permit, or identification (ID) card
- Out-of-state enhanced driver’s license (EDL) or REAL ID license, driver’s license (DL) or identification (ID) card
- U.S. passport or card
- Consulate card
- Foreign passport, driver’s license, or ID card
- Permanent resident card
- Tribal membership or enrollment ID card from a federally recognized Indian tribe
- U.S. Immigration or naturalization papers
- U.S. Armed Services ID card
- U.S. Bureau of Indian Affairs ID card
- U.S. Certificate of Citizenship or Naturalization
- U.S. Citizenship and Immigration Service ID
- I-571 U.S. Refugee Travel Document
- US alien registration card
- I-327 U.S. Permit to Re-Enter Travel Document
- I-766 Employment Authorization
- NEXUS, SENTRI, or FAST border crossing card
- U.S. Merchant Mariner’s card
- U.S. B1/B2 Visa Border Crossing Card (Form DSP-150)

OR

At least two alternative documents (must contain matching first and last names and addresses, or in combination contains full name, date of birth, and photograph):

- Any of the government issued identity documents listed above, if expired more than 60 days or does not contain a photograph
- Adoption court order or decree
- Auto insurance policy
- Business mail from state or federal agency dated within 2 months
- Company identification card
- Current student body card (high school students only)
- DSHS benefits letter indicating unexpired benefits (medical, food, etc.)
- Home utility bill for Washington address (gas, electric, water, garbage, sewer, landline phone, TV, internet, ISTA) dated within the past 2 months
- Individual Tax Identification Number (ITIN) letter from Internal Revenue Service (IRS)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov
• Letter attesting residence in alternative housing (e.g. assisted living, college campus, shelter, mission, senior housing, or retirement home) on company letter head with a phone number that could be used in verification of the facility
• Letter from a government agency that you're an employee of and that we have an agreement with (contact your supervising agency and have them send us the letter)
• Letter from DCYF Children's Administration for foster youth
• Medical or hospital card of identification
• Medicare card (not a DSHS medical card)
• Monthly bank account statement (Document must be no more than 30 days old)
• Moorage document (bill, contract, etc.)
• Official corrections department or parole papers
• Official papers issued by courts of record which include date of birth
• Pay check or pay stub with the employer's name and phone number or address (Document must be no more than 30 days old)
• Personalized check or savings account passbook
• Police employee card issued by Washington city or county
• Pre or post-natal care records
• Proof of home ownership (mortgage documents, property tax documents, deed, title, insurance policy, etc.)
• School transcript or records, or Forms I-20 or DS-2019 for foreign exchange students
• School yearbook or copy certified by the school with recognizable photo (high school students only)
• Social Security card
• State hunting or fishing license
• State or Federal government employee badge with photo
• Tax statements – W-2 forms, 1099, etc.
• Transportation Worker Identification Credential (TWIC)
• Tribal membership or enrollment ID card from a federally recognized Indian tribe (without photo)
• U.S. military document issued within 1 year, selective service card, or military discharge paper
• Unexpired concealed weapons permit issued by federal, state, or municipal government
• Unexpired professional license (nurse, physician, engineer, pilot, etc.)
• Union membership card
• Valid food stamp, welfare, or unemployment identification
• Veteran Administration Identification
• Voter registration card issued by a county elections department
• Ward of the Court decree/Order of Dependency
• Washington vehicle registration or title (a quick title isn’t acceptable)