

Certification of Birth

Use this form for:

- Family leave to bond with a child born into your family
- The first six weeks of medical leave to recover from giving birth

If more than six weeks of recovery from birth is medically necessary, use the **Medical Certification for Birth Complications**.

Do not use this form for family leave for adoption, foster care, or other approved placement types. Visit paidleave.wa.gov for information about required documentation for family leave for placement.

Parents' information

Complete the parent information section, then have your healthcare provider, midwife, or a representative of your healthcare facility complete and sign the certification.

Information about parent that gave birth:

Name: _____

Date of birth: ___ / ___ / ___ Paid Leave Customer ID number (if known): _____

Information about second parent (if taking leave):

Name: _____

Date of birth: ___ / ___ / ___ Paid Leave Customer ID number (if known): _____

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To be completed and signed by a healthcare provider, midwife, or a representative of a healthcare facility.

All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Child's date of birth: ___ / ___ / ___ Place of birth (city, state): _____

Provider's information and signature

I declare under penalty of perjury that the information provided in this form is true and correct, and that I am a healthcare provider as defined in RCW 50A.05.010, a midwife, or a representative of a healthcare facility.

Signature:

Date: ___ / ___ / ___

Name and title:

Type of practice/Specialty: OB/GYN

Phone:

509-924-1990

Email address:

fmla@valobgyn.com

Business name and address: Valley OBGYN

1415 N Houk Rd, Suite A Spokane Valley, WA 99216

Upload completed form to your Paid Leave account.

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.