



**APPLICATION FOR CERTIFICATE OF BIRTH  
RESULTING IN STILLBIRTH/FETAL DEATH**

**(REVISED 07/2018)**

**PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW. NO ERASURES,  
WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS WILL BE ACCEPTED.**

A copy of a Certificate of Birth Resulting in Stillbirth/Fetal Death is \$10.00. If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. **A valid copy of your Photo ID must accompany this request.** Please do not send cash by mail.

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

***ARE YOU ELIGIBLE TO REQUEST THIS CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH?***

Eligibility: To protect the confidentiality of this information, only certain individuals can request a copy of this Certificate of Birth Resulting in Stillbirth. Please check the box that applies to you:

Parent named on the certificate       Court of competent jurisdiction (Court Order attached)

CHILD'S NAME: \_\_\_\_\_

MOTHER'S CURRENT NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DATE OF DELIVERY: \_\_\_\_\_

PLACE OF BIRTH (CITY, STATE, & ZIP CODE): \_\_\_\_\_