CERTIFICATE OF STILL BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER OF FETAL DEATH CERTIFICATE | **LOCAL REGISTRATION NUMBER OF FETAL DEATH CERTIFICATE**

THIS CHILD	1A. NAME—FIRST	1B. MIDDLE	1C. LAST
	2. SEX	3. DATE OF STILLBIRTH—MM/DD/CCYY	4. TIME OF STILLBIRTH—24 HOUR CLOCK TIME
PLACE OF STILLBIRTH	5A. PLACE OF STILLBIRTH—NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS—STREET and NUMBER, OR LOCATION
	5C. CITY		5D. COUNTY
FATHER/ PARENT	6A. NAME OF FATHER/PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)
	7. STATE/FOREIGN COUNTRY OF BIRTH		8. DATE OF BIRTH—MM/DD/CCYY
MOTHER/ PARENT	9A. NAME OF MOTHER/PARENT—FIRST	9B. MIDDLE	9C. LAST (BIRTH)
	10. STATE/FOREIGN COUNTRY OF BIRTH		11. DATE OF BIRTH—MM/DD/CCYY

This Certificate of Still Birth is Not Proof of a Live Birth

STATE/LOCAL REGISTRAR USE ONLY	**12. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR**	**13. DATE OF ISSUANCE—MM/DD/CCYY**

SAMPLE