

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF STILL BIRTH**INFORMATION:**

Still birth certificates are prepared from information contained on registered fetal death certificates. Fetal death certificates have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

INSTRUCTIONS:

- As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certified Copy of a Certificate of Still Birth.
- Complete a separate application for each Certificate of Still Birth requested.
- Complete the **Applicant Information** section and provide your signature where indicated. In the **Certificate of Still Birth Information** section, provide all the information you have available to identify the fetal death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the fetal death record, which is the record from which the information to complete a Certificate of Still Birth must be obtained.
- Submit \$20 for **each** copy requested. If no record is found, the \$20 fee will be retained for searching the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records. PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered). Mail completed application with the fee(s) to the CDPH Vital Records at the address below.
- Mailing Completed Certificates:** completed certificates are mailed using the U.S. Postal Service.

California Department of Public Health
Vital Records – MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

Fee: **\$20 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			Today's Date:		
Agency Name (if appropriate)		Agency Case No.	Purpose of Request		
Print Name of Applicant		Signature of Applicant			
Relationship to Stillborn		Amount Enclosed – DO NOT SEND CASH \$_____ Check \$_____ Money Order		Number of Copies	
Mailing Address – Number, Street			Name of Person Receiving Copies, if Different from Applicant		
City	State / Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) ()		Country	City	State	ZIP Code
CERTIFICATE OF STILL BIRTH INFORMATION (PLEASE PRINT OR TYPE)					
FETAL DEATH FIRST Name		MIDDLE Name		LAST Name	
City of Still Birth (must be in California)			County of Still Birth		
Date of Still Birth – MM/DD/CCYY (If unknown, enter approximate date of still birth)			Sex _____ Female _____ Male		
Father/Parent FIRST Name		MIDDLE Name		BIRTH LAST Name	
Mother/Parent FIRST Name		MIDDLE Name		BIRTH LAST Name	

STILL BIRTH