

## **INSTRUCTIONS**

- Mail the following items to CDPH-VR:

### **For *STILL BIRTHS ONLY*:**

- 1) Completed "Application for Certified Copy of Still Birth Record" (VS 13-E).
- 2) \$24 fee per copy requested.

### **For *FETAL DEATHS ONLY*:**

- 1) Completed "Application for Certified Copy of Fetal Death Record" (VS 12).
  - 2) \$18 fee per copy requested.
- Be sure to complete all items required on the application, and provide as much information as possible to help locate the record, otherwise your request may be returned to you for correction.
  - Fees are payable to "CDPH Vital Records" via check or money order. International money orders for out-of-country requests must be payable in U.S. dollars. Fees are also non-refundable per state law.
  - If CDPH-VR cannot locate the record based on the information you provide, California Health and Safety Code authorizes CDPH-VR to maintain the fee for the search itself, and CDPH-VR will issue a Certificate of No Public Record (CNPR).
  - If you require documentation that a record does not exist, check the CNPR box on the application.
  - Fees previously paid to local registrars and county recorder's offices cannot be transferred to CDPH-VR.

*Vital Records maintains a permanent, public record of every birth and death that has occurred in California since July 1905, and has more than 50 million records on file.*



California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410  
(916) 445-2684  
CHSIVitalRecords@cdph.ca.gov  
www.cdph.ca.gov  
CA Relay: 711/1-800-735-2929



## **How to Obtain Certified Copies of *Still Birth and Fetal Death Records***

January 1, 2019

**ATTENTION:**  
PLEASE READ THE FOLLOWING INFORMATION  
BEFORE COMPLETING APPLICATION

### **GENERAL INFORMATION**

- Information contained in vital records is released only via requests for certified copies.
- Certified copies of ***still births*** are available for release to the mother/parent or father/parent only.
- Certified copies of ***fetal death certificates*** are available for release to anyone who can provide sufficient information to identify a specific record.

### **APPLICANT NOTIFICATION**

Once your request has been received and evaluated:

- If your request is not accepted (e.g., due to insufficient fees, insufficient information, etc.), CDPH-VR will return your request to you with a letter explaining what needs to be corrected; or,
- If your request is accepted, CDPH-VR will process the application and mail out a copy of the certificate(s) you requested.

Please allow a few weeks to receive these documents.

### **PROCESSING TIMES**

To check current processing times for certified copies of still birth certificates and fetal death records, visit the following website:

<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>

### **CONTACT INFORMATION**

All applications and written inquiries should be mailed to:

**California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410**

If you still have any questions, please contact the CDPH-VR Customer Service Unit at (916) 445-2684 or  
[CHSIVitalRecords@cdph.ca.gov](mailto:CHSIVitalRecords@cdph.ca.gov),  
Monday through Friday, between 8AM – 4PM.

**APPLICATION FOR CERTIFIED COPY OF FETAL DEATH RECORD****INFORMATION:**

Fetal death records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

**INSTRUCTIONS:**

1. Complete a separate application for each fetal death record requested.
2. Complete the **Applicant Information** section and provide your signature where indicated. In the **Fetal Death 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 record. If you require documentation that a fetal death record **does not** exist, check the box for CNPR (Certificate of No Public Record) Request.
3. Submit \$18 for **each** copy requested. If no fetal death record is found, the 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).
4. Mail completed applications with the fee(s) to:

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

Fee: **\$18 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 applicable)			Agency Case Number		Inmate ID Number	
Print Name of Applicant			Signature of Applicant		Purpose of Request	<input type="checkbox"/> Check this box for CNPR Request
Mailing Address – Number, Street			Amount Enclosed – <b>DO NOT SEND CASH</b> \$ _____ Check    \$ _____ Money Order		Number of Copies	
City			Name of Person Receiving Copies, if Different from Applicant			
State/Province		ZIP Code		Mailing Address for Copies, if Different from Applicant		
Daytime Telephone Number (     )	Country	Email Address		City	State	ZIP Code
FETAL DEATH INFORMATION (PLEASE PRINT OR TYPE)						
<i>Complete information below as shown on the fetal death record, to the best of your knowledge.</i>						
FETAL DEATH FIRST Name		MIDDLE Name		LAST Name		
City of Fetal Death (must be in California)				County of Fetal Death		
Date of Fetal Death – MM/DD/CCYY (If unknown, enter approximate date of fetal death)						
Father/Parent FIRST Name		MIDDLE Name		LAST Name (Before Marriage/Domestic Partnership)		
Mother/Parent FIRST Name		MIDDLE Name		LAST Name (Before Marriage/Domestic Partnership)		