

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:

1. As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certificate of Still Birth.
2. Complete a separate application for each Certificate of Still Birth requested.
3. 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. Information from the fetal death record is used to generate the Certificate of Still Birth. If the information you furnish is incomplete or inaccurate, we may not be able to locate the fetal death record.
4. Submit \$24 for **each** copy requested. If no 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).
5. 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

PLEASE ATTACH CHECK HERE

Fee: **\$24 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		
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
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 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	LAST Name (Before Marriage/Domestic Partnership)		
Mother/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)		