APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF STILL BIRTH

The Los Angeles County Department of Public Health only archives fetal death records for ONE year prior to the date of death recorded on the Certificate of Fetal Death will only process applications for still births in that time frame. All other requests must be submitted to the State Office of Vital Records.

INSTRUCTIONS:

1. As of January 1, 2008, ONLY a parent (mother and/or father) can obtain a Certified Copy of Still Birth.
2. Complete a separate application for each Certificate of Still Birth requested.
3. Complete the **APPLICANT INFORMATION** section.
4. Complete the **CERTIFICATE OF STILL BIRTH INFORMATION** section by providing all the information you have to identify the fetal death record. If the information 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.
5. Sign and date the sworn statement on the bottom of the application.

APPLICANT INFORMATION (PLEASE PRINT)			**TODAY'S DATE** (MM/DD/CCYY)**:**
Name (First, Middle, Last)			Relationship to stillborn
Address – Number, Street			
City	State	ZIP	Phone Number

CERTIFICATE OF STILL BIRTH INFORMATION (PLEASE PRINT)		
LAST Name on Fetal Death Certificate	FIRST Name on Fetal Death Certificate	MIDDLE Name on Fetal Death Certificate
City of Still Birth	County of Still Birth	
Date of Stillbirth – MM/DD/CCYY	Sex ☐ Female ☐ Male	
BIRTH LAST Name on Fetal Death Certificate – Father/Parent	FIRST Name on Fetal Death Certificate – Father/Parent	MIDDLE Name on Fetal Death Certificate – Father/Parent
BIRTH LAST Name on Fetal Death Certificate – Mother/Parent	FIRST Name on Fetal Death Certificate – Mother/Parent	MIDDLE Name on Fetal Death Certificate – Mother/Parent

FOR OFFICIAL USE ONLY:

Copies _____ BNPNS# _____

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103040.1, and am eligible to receive a certified copy of the still birth record.

Sworn this _____day of _____,20____at_____,_____.
(Day) (Month) (City) (State)

_____
(Signature)