

APPLICATION FOR CERTIFIED COPY OF FETAL DEATH RECORD**DO NOT Complete This Application Before Reading the Instructions Below**Fee: **\$9 per copy** (payable to the Office of Vital Records).

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			Today's Date: _____		
Agency Name (if appropriate)		Agency Case No. (if appropriate)	Purpose of Request		
Printed Name and Signature of Applicant			Number of Copies	Amount Enclosed	
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)					
LAST Name on Certificate		FIRST Name on Certificate		MIDDLE Name on Certificate	
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)			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		
BIRTH LAST Name on Certificate – Father/Parent		FIRST Name on Certificate – Father/Parent		MIDDLE Name on Certificate – Father/Parent	
BIRTH LAST Name on Certificate – Mother/Parent		FIRST Name on Certificate – Mother/Parent		MIDDLE Name on Certificate – Mother/Parent	

INFORMATION: Fetal death records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

INSTRUCTIONS:

- Complete a separate application for each fetal death record requested.
- 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.
- Submit \$9 for **each** copy requested. If no fetal death record is found, the \$9 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 the **Office of Vital Records**. Mail this application with the fee(s) to the Office of Vital Records at the address below.
- Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records - MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

FETAL DEATH