APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF STILL BIRTH

DO NOT Complete This Application Before Reading the Instructions Below

Certified Copies can be issued only to a parent (mother and/or father only).

Fee: **\$20 per copy** (payable to the Office of Vital Records).

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				Today's Date:					
Printed Name and Signature of Applicant				Relationship to stillborn					
Mailing Address – Number, Street				Number of Copies		Amount Enclosed			
				Name of Person Receiving Copies, if Different From Applicant					
City	State / Province	ce ZIP C	ode	Mailing Address for Copies, If Different From Applicant					
Daytime Telephone (include area code) ()		Count	try	City		State		ZIP Code	
CERTIFICATE OF STILL BIRTH INFORMATION (PLEASE PRINT OR TYPE)									
LAST Name on Fetal Death Certificate			FIRST Name on Fetal Death Certificat			te MIDDLE Name on Fetal Death Certificate			
City of Stillbirth (must be in California)					County of Stillbirth				
Date of Stillbirth – MM/DD/CCYY					Sex				
			T Name on Fetal Death Certificate – er/Parent			MIDDLE Name on Fetal Death Certificate – Father/Parent			
			ST Name on Fetal Death Certificate – ner/Parent			MIDDLE Name on Fetal Death Certificate – Mother/Parent			

INSTRUCTIONS:

- As of January 1, 2008, ONLY a parent (mother and/or father) can obtain a Certified Copy of 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 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.
- 4. 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 the **Office of Vital Records**. Mail this application with the fee(s) to the Office of Vital Records at the address below.
- 5. **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