

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:

- As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certificate of Still Birth.
- Complete a separate application for each Certificate of Still Birth 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. 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.
- 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).
- 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) | | |