

## Request for Certificate of Birth Resulting in Stillbirth and Fetal Death Report

Use this form to request a Certificate of Birth Resulting in Stillbirth or a Fetal Death Report, which are issued only for fetal deaths at 20 weeks or more gestation. Only parents named on the record may request the certificate or report. This request can only be fulfilled by the Office of Vital Records (Minnesota Department of Health); it's not available through county vital records offices.

*It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both.*

Information to find the fetal death record (complete as many fields as possible)					
Stillborn first name	Stillborn middle name		Stillborn last name		
Date of delivery (mm/dd/yyyy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undetermined	City of delivery	County of delivery	MN	
Parent information on the fetal death report					
Parent one first name	Parent one middle name	Last name before 1 <sup>st</sup> marriage	Parent one last name		
Parent two first name	Parent two middle name	Last name before 1 <sup>st</sup> marriage	Parent two last name		
Requesting parent (Your name must be on the fetal death record.)					
Print your name			Daytime phone (10 digits)		
Street address (Express delivery does not deliver to PO boxes or APO addresses)		Apt/Unit #	City	State	Zip code
<input type="checkbox"/> I am the parent who gave birth and am eligible to receive a noncertified fetal death report with health information. You may be eligible for a refundable tax credit of \$2000. To see if you qualify for the tax credit, visit the Minnesota Department of Revenue <a href="https://www.revenue.state.mn.us/parents-stillborn-children-credit">Parents of Stillborn Children Credit (https://www.revenue.state.mn.us/parents-stillborn-children-credit)</a> webpage. Or call 651-296-3781, 800-652-9094.					
REQUIRED – Sign the form in front of a notary public					
<i>I certify that the information on this application is correct and complete to the best of my knowledge. I understand that the Minnesota Department of Health shares information with the Minnesota Department of Revenue to administer the tax credit.</i>					
Requesting parent signature					
Notary	Signed or attested before me on      day of      , 20				Notary stamp/seal
	Printed name of notary public				
	Notary public signature		My commission expires		

REQUEST FOR CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

<b>Requester Name:</b>		
<b>Fees and records request</b>		<b>Fee</b>
Certificate of Birth Resulting in Stillbirth (first copy)		<b>\$16</b>
Additional certificates	# of extra copies	<b>\$9 each</b>
Noncertified fetal death report		<b>\$9</b>
Noncertified fetal death report with health information <i>(only available to parent who gave birth)</i>		<b>\$9</b>
<b>Processing</b>		<b>Fee</b>
Standard — request processed in the order received		<b>\$0</b>
Faster — request handled ahead of standard requests <i>(doesn't include express delivery)</i>		<b>\$20</b>
<b>Shipping</b>		<b>Fee</b>
Regular first-class mail		<b>\$0</b>
Express delivery <i>(Check here <input type="checkbox"/> to require a signature.)</i>		<b>\$21</b>
<ul style="list-style-type: none"> <li>▪ <b>The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature.</b> Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>▪ For delivery outside the United States, you must supply a <b>prepaid</b> express delivery envelope with your application.</li> </ul>		
<b>Total due</b>	<i>Fees are due with the application and are non-refundable.</i>	
<b>Payment method</b>		
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code
<input type="checkbox"/> <b>Check</b>	Check #	<b>Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.
<input type="checkbox"/> <b>Money order</b>	Money order#	
<b>Send your application and payment to:</b>		<b>Incomplete requests</b>
Minnesota Department of Health Office of Vital Records <b>Mail:</b> PO Box 64499, St. Paul, MN 55164-0499 <b>Fax:</b> 866-416-1357 (credit card payments only) <b>Courier/express delivery:</b> 625 Robert St. N, St. Paul, MN 55155 <i>(no vital-records counter service at this location)</i>		The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.
If you have <b>questions</b> , contact the Office of Vital Records at <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or 651-201-5970.		