



**APPLICATION FOR CERTIFICATE OF STILLBIRTH**

Certificates available for two years after event.  
After two years contact Alameda County Recorder's Office.

**FEE PER CERTIFIED COPY\* IS \$23.00**

\*Certified Copy (Authorized persons only) As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certified Copy of a Certificate of Stillbirth.

**STILL BIRTH RECORD INFORMATION**      **BN:**      **LRN:**

FIRST Name on Fetal Death Certificate		MIDDLE Name on Fetal Death Certificate		Last Name on Fetal Death Certificate	
Date of Stillbirth - MM/DD/YYYY	City of Stillbirth <b>Berkeley</b>	County of Stillbirth <b>Alameda</b>	State <b>CA</b>	Sex	Number of Copies
Parent FIRST Name		Parent MIDDLE Name		Parent LAST Name	
Parent FIRST Name		Parent MIDDLE Name		Parent LAST Name	

**APPLICANT INFORMATION**

Full Name of Applicant Requesting Record		Reason for Request		Telephone Number (    )	
Address – Number, Street, Apt #		City		State	Zip Code
Mailing Address where Certificates will be sent to, if different from above		City		State	Zip Code

**INSTRUCTIONS**

- Effective February 1, 2016, the City of Berkeley will only maintain records for 2 years from the date of the event.
- As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certified Copy of a Certificate of Stillbirth.
- Complete the Applicant Information section and provide your signature where indicated. In the Certificate of Stillbirth Information section, provide all the information you have available to identify the fetal death record. If the information you furnished 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 Stillbirth must be obtained.
- Submit \$23 for each copy requested. If no record is found, the \$23 fee will be retained for searching the record (as required by law) and the Certificate of No Public Record will be issued to the applicant.
- For mail requests, indicate the number of certified copies you wish and include the correct fee(s) in the form of a personal check, postal, or bank money order (international money order only accepted for out-of-country request) made *payable to the City of Berkeley*.
- Mail this application with the fee(s) to:  
**City of Berkeley Office of Vital Statistics**  
**1947 Center St. Berkeley, CA 94704**
- **Please note:** If you applied by mail and did not receive the requested certificate, you must file a claim with our office within 3 months of your original certificate request. After 3 months of lost mail, you must submit another application and pay the required fee.

PLEASE LEAVE THIS SPACE BLANK

FOR VITAL STATISTICS USE ONLY