



APPLICATION FORM FOR CERTIFICATE OF STILLBIRTH EVENT OCCURRED IN THE LAST 5 YEARS ONLY

PLEASE CHECK THE APPROPRIATE BOX

The fee per copy is \$ 20.00

I would like a **Certified Copy** of the Stillbirth record.

* Fees collected are **NON-REFUNDABLE**

OFFICIAL USE ONLY	
BANKNOTE PAPER #:	
LOCAL REGISTRAR #:	

CERTIFICATE OF STILLBIRTH INFORMATION

(PLEASE PRINT OR TYPE)

FIRST Name on Fetal Death Certificate		MIDDLE Name on Fetal Death Certificate		Last Name on Fetal Death Certificate	
Date of Stillbirth - MM/DD/CCYY	City of Stillbirth	County of Stillbirth	State	Sex	Number of Copies
	Berkeley	Alameda	CA	<input type="checkbox"/> Male <input type="checkbox"/> Female	
FIRST Name on Fetal Death – Father/Parent		MIDDLE Name on Fetal Death – Father/Parent		LAST Name on Fetal Death – Father/Parent	
FIRST Name on Fetal Death – Mother/Parent		MIDDLE Name on Fetal Death – Mother/Parent		LAST Name on Fetal Death – Mother/Parent	

APPLICANT INFORMATION

(PLEASE PRINT OR TYPE)

Full Name of Applicant Requesting Record	Relationship to stillborn listed on Stillbirth Certificate	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

1. Effective February 1, 2016, the City of Berkeley, Vital Records Office will only maintain records for 5 years from the date of event.
2. As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certified Copy of a Certificate of Stillbirth.
3. Complete a separate application form for each person.
4. 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.
5. 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 the Certificate of No Public Record will be issued to the applicant. If you are mailing your request, 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 the address below:

City Of Berkeley
Office of Vital Statistics
1947 Center Street – 2nd Floor
Berkeley, CA 94704

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.

FOR OFFICIAL USE

Information For Requests By Mail Only

Requests sent by mail **MUST** be paid with check or money order **ONLY**.
If you wish to pay by credit card, please visit www.vitalcheck.com and place your order directly on their website.