



APPLICATION TO AMEND A FETAL DEATH REPORT

To identify the birth record to be amended, enter the following information as it **CURRENTLY** appears on the fetal death report.

SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON FETAL DEATH REPORT	
DELIVERY MONTH	DELIVERY DAY	DELIVERY YEAR	SEX	CITY and COUNTY OF DELIVERY	
MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME	
FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME	

To amend the fetal death report identified above, enter information below only if you want the information to be changed. Do not repeat information that currently appears on the fetal death report.

CHANGE THE SUBJECT'S			
FIRST NAME to:		DATE OF BIRTH to:	
MIDDLE NAME to:		CITY OF BIRTH to:	
LAST NAME to:		COUNTY OF BIRTH to:	
SEX to:			

CHANGE THE MOTHER'S			
FIRST NAME to:		MAIDEN NAME to:	
MIDDLE NAME to:		BIRTHPLACE to:	
LAST NAME to			

CHANGE THE FATHER'S			
FIRST NAME to:		BIRTHPLACE to:	
MIDDLE NAME to:			
LAST NAME to			

The following information about the applicant requesting the amendment is required by Minnesota Rules, part 4601.2200, subpart 1. Check one box.

1. I am mother of the subject
2. I am the party responsible for filing the fetal death report.
3. I have enclosed a notarized statement from the mother giving me permission to request an amendment to the fetal death report.

PENALTIES: Any person who willfully and knowingly supplies false information used in the preparation of this amendment is guilty of a misdemeanor or a gross misdemeanor (Minnesota Statutes, section 144.227).

Please provide the following information about you, the requester:

Your name: (please print)	(First)	(Middle)	(Last)
Your address:	(Street)		Daytime Phone
	(City)	(State)	(Zip)
Your Signature			Date: / /