

CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

Certificates of Birth Resulting in Stillbirth are issued for fetal deaths of 20 weeks or more gestation that are required to be reported under Minnesota Statutes, section 144.222.

Stillbirth Information					
First name	Middle name	Last name			
Date of delivery (mm/dd/yyyy) ____/____/____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undetermined	City & County of Delivery			
Parent Information (You must provide the name of one parent)					
Parent's first name	Parent's middle name	Parent's last name			
Second parent's first name	Second parent's middle name	Second parent's last name			
Requester Information					
Name (Please print)				Daytime phone	
Mailing Address – Street	Apt/Unit #	City	State	ZIP	
Beginning in tax year 2016, parents who experience the stillbirth of a child in Minnesota may be eligible for a tax credit. To claim this credit, parents must complete tax form Minnesota Schedule M1PSC and have a Certificate of Birth Resulting in Stillbirth. For more information about the credit, go to the Minnesota Department of Revenue website at www.revenue.state.mn.us and search for "credit for parents of stillborn children", or call 651-296-3781 or 1-800-652-9094.					
Signature and Notary Information (You must sign this application in front of a notary if you are applying by mail or fax)					
I certify that the information provided on this application is accurate and complete to the best of my knowledge. I am requesting a Certificate of Birth Resulting in Stillbirth for the child listed above. I am a parent named on the record. I understand that information on the Certificate of Birth Resulting in Stillbirth will be shared with the Minnesota Department of Revenue for the purposes of administering the tax credit available to parents of stillborn children.					
Requester's signature				Notary Stamp/Seal	
Signed or attested before me on _____ day of _____, 20____					
Notary public signature	My commission expires				
PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).					
Request and Payment Information			Number requested	Fee per item	Total
Certificate of Birth Resulting in Stillbirth sent by First-Class Mail			1	\$16	\$16
Optional: Additional certificate(s) for the same record				\$9 each	
Optional: Rush shipping (UPS will not deliver to P.O. boxes or A.P.O. addresses)				\$16	
Total amount submitted or to be charged to credit card:					
Type of payment:	<input type="checkbox"/> Credit Card (MasterCard/VISA/Discover) Enter card information below		<input type="checkbox"/> Check number _____ Payable to the Minnesota Department of Health		<input type="checkbox"/> Money order number _____
Cardholder name			Card number		
3 digit security code			Expiration date		
Application and credit card information may be submitted by email to health.issuance@state.mn.us or by FAX to 651-201-5740.			Mail application, credit card information or check/money order to: Minnesota Department of Health Central Cashiering – Vital Records PO Box 64499 St. Paul MN 55164-0499		
If you have questions, please contact the Office of Vital Records at health.issuance@state.mn.us or 651-201-5970.					