

## 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.

Complete this form to apply for a Certificate of Birth Resulting in Stillbirth.

Stillbirth information - Information to locate the fetal death report					
First name	Middle name	Last name		Suffix	
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		
Parent(s) information on the fetal death report					
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			
Person completing this application (You must be a parent named on the fetal death report)					
Name (Please print)			Daytime phone		
Mailing address – Street addresses <small>UPS does not deliver to PO boxes or APO addresses</small>	Apt/Unit #	City	State	ZIP	
Parents may be eligible for a refundable credit for each stillbirth in a tax year (January 1 through December 31). To claim the credit, parents must purchase a Certificate of Birth Resulting in Stillbirth and complete the applicable tax form. For the tax form, eligibility requirements and other information, see the Minnesota Department of Revenue website at <a href="http://www.revenue.state.mn.us">www.revenue.state.mn.us</a> . Search for "credit for parents of stillborn children" or call 651-296-3781 or 1-800-652-9094.					
Signature and Notary Information (Sign this application in front of a notary.)					
I certify that the information provided on this application is accurate and complete to the best of my knowledge. I am a parent named on the record. I am requesting a Certificate of Birth Resulting in Stillbirth for the child listed above. I understand that the Minnesota Department of Health shares information on the Certificate of Birth Resulting in Stillbirth with the Minnesota Department of Revenue to administer the tax credit.					
Signature of parent completing this application			Notary stamp/seal		
Signed or attested before me on ____ day of _____, 20____					
Notary public signature	My commission expires				
<b>PENALTIES:</b> Any person who willfully and knowingly provides false information for a certified vital record may spend up to one year in jail or pay 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			Request	Fee	Total
Certificate of Birth Resulting in Stillbirth sent by First-Class Mail®.			1	\$16	\$16
How many additional certificate(s) do you want to purchase for this record now?				\$9 each	
• I want rush <i>processing</i> . (Sent by First Class Mail® unless I choose rush delivery below.)				\$20	
• I want rush <i>delivery</i> . (Sent by United Parcel Service (UPS) Next Business Day. Rush delivery requests are processed in the order received unless I choose rush processing above.)				\$16	
<b>For rush delivery, check here <input type="checkbox"/> to require a signature. The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature. UPS will not deliver to PO boxes or APO addresses.</b>					
<b>Fees are payable at the time of application and are non-refundable, Minnesota Statutes, section 144.226.</b>					<b>Amount due:</b>
<b>Type of payment:</b>	<input type="checkbox"/> <b>Credit Card</b> MasterCard/VISA/Discover  Enter card information below	<input type="checkbox"/> <b>Check</b> Check # _____ Payable to the Minnesota Department of Health and sent by mail with application <small>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.</small>	<input type="checkbox"/> <b>Money order</b> Money order # _____		
Cardholder name		3 digit security code			
Card number		Expiration date			
Fax application and payment to the Office of Vital Records:			Mail application and check, money order, or credit card information to:		
<b>FAX</b> application with credit card information to 651-201-5740.			Minnesota Department of Health Central Cashiering – Vital Records PO Box 64499 St. Paul MN 55164-0499		
<b>DO NOT SEND CASH OR EMAIL YOUR APPLICATION.</b>					

If you have **questions**, please contact the Office of Vital Records at [health.vitalrecords@state.mn.us](mailto:health.vitalrecords@state.mn.us) or call 651-201-5970.