



**MINNESOTA APPLICATION TO FILE A RECORD AND REQUEST A  
CERTIFICATE FOR A BIRTH RESULTING IN STILLBIRTH**

**Part A: To file a record and request a certificate, provide the following information about the birth resulting in stillbirth:**

<b>RECORD INFORMATION</b>	SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME	
	DELIVERY MONTH	DAY	YEAR	SEX	FACILITY, CITY & COUNTY OF DELIVERY	
	MOTHER'S FIRST NAME	MIDDLE NAME	LAST NAME		MAIDEN NAME	
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME	
	MOTHER'S PLACE OF BIRTH		MOTHER'S DATE OF BIRTH	FATHER'S PLACE OF BIRTH		FATHER'S DATE OF BIRTH

**Part B: Please provide the following information about you, the parent and requester:**

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

**Part C: Please check one box and follow the instructions after the box you check:**

- the birth resulting in stillbirth record was previously filed at my request. I am now requesting certificate(s) only. Submit this completed and notarized application. No further forms or documentation is required.
- the birth resulting in stillbirth occurred within the last year and the information provided in Part A matches the information on the fetal death report filed by the hospital. Submit this completed and notarized application. No further forms or documentation is required.
- the birth resulting in stillbirth occurred within the last year and the information provided in Part A does NOT match the information on the fetal death report filed by the hospital. Complete an Application to Amend a Fetal Death Report and submit the application to amend with this completed and notarized application. No further documentation is required.
- the birth resulting in stillbirth occurred within the last year but a fetal death report was not filed because the delivery did not occur in a hospital. Submit this completed and notarized application with an authenticated medical record that provides the date of the delivery and evidence that the delivery that resulted in stillbirth occurred in Minnesota and that at least 20 or more weeks of gestation had elapsed before the delivery. To have a medical record authenticated, ask the medical services provider to write a letter on their letterhead stating that the medical record provided is a true and accurate copy of the information in their records.
- the birth resulting in stillbirth occurred more than one year ago. Submit this completed and notarized application with a copy of the fetal death report or an authenticated medical record that provides the date of the delivery and evidence that the delivery that resulted in stillbirth occurred in Minnesota and that at least 20 or more weeks of gestation had elapsed before the delivery. To have a medical record authenticated, ask the medical services provider to write a letter on their letterhead stating that the medical record provided is a true and accurate copy of the information in their records. Possible sources of a copy of the fetal death report are the hospital where the delivery occurred or the funeral home that made arrangements.

**Penalties:** Any person who intentionally makes a false statement in a certificate, vital record, or report or any person who willingly and knowingly without authority and with intent to deceive obtains a vital record is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

**I am a parent named on the requested record. The information provided is true and accurate to the best of my knowledge.**

Your Signature		Date:	/	/
Subscribed and sworn before me this ____ day of _____, 20____				
by _____ . My commission expires _____.				
Notary Public				