

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

Stillborn information - information to locate the record						
Stillborn first name		Stillborn middle name		Stillborn last name		Last name suffix
Date of delivery (mm/dd/yyyy)	Sex	Female Male Undetermined	City of delivery		County of delivery	State <b>MN</b>
Parent 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		
Requesting parent (Your name must be on the fetal death report)						
Please print your name. If you put your name here, <b>you</b> must sign in front of the notary.					Daytime phone	
Mailing address – Street <small>UPS does not deliver to PO boxes or APO addresses</small>			Apt/Unit #	City	State	ZIP
<p>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 <i>tax</i> 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 “parents of stillborn children credit” or call 651-296-3781 or 800-652-9094.</p>						
Signature and Notary Information (Sign this application in front of a notary.)						
<p>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.</p>						
Requesting parent signature (name must match requesting parent name above)					Notary stamp/seal	
Signed or attested before me on _____ day of _____, 20_____						
Printed name of notary public						
Notary public signature		My commission expires				
<p><b>PENALTIES:</b> Any person who willfully and knowingly provides false information for a certified vital record may spend to 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).</p>						

**Continue to the next page. The Office of Vital Records returns request forms that are incomplete or not paid in full at the time of application.**

## CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

<b>Requesting parent name:</b>		
<b>How many certificates of birth resulting in stillbirth do you want?</b>		<b>Fee</b>
One certificate of birth resulting in stillbirth		\$16
How many additional certificate(s) do you want to purchase for this record now?	# of additional copies:	\$9 each
<b>How do you want your request processed?</b>		<b>Fee</b>
Standard – request processed in the order received		\$0
Faster – your request goes ahead of standard requests (Does not include UPS delivery)		\$20
<b>How do you want the certificates you ordered delivered to you?</b>		<b>Choose processing</b>
Regular First Class Mail®		\$0
United Parcel Service (UPS)		\$16
<p><b>For UPS delivery, check this box to require a signature.</b></p> <p><b>The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature.</b></p> <p>UPS will not deliver to PO boxes or APO addresses. If you want UPS delivery to an address outside of the United States, you must include a UPS prepaid envelope when you submit your application and fees.</p>		
<b>The amount you pay must cover the certificates and services you requested. Fees are due with the application and are non-refundable.</b>		<b>Total due = subtotals+processing+delivery</b>
<i>Minnesota Statutes, section 144.226.</i>		Your payment must cover the costs of the certificates and services you requested.
<b>How do you want to pay?</b>		
<b>Credit Card</b> MasterCard/VISA/Discover	Cardholder name <hr/> Card number <hr/>	Valid thru MM/YY <hr/> 3-digit security code <hr/>
<b>Check</b> Check # _____  <b>Money order</b> Money order # _____	Make check or money order payable to the Minnesota Department of Health and send by mail with this application form. <b>DO NOT SEND CASH.</b>  Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>	
<b>Send application form and payment to the Office of Vital Records:</b>		
FAX application with credit card information to 651-201-5740.  <b>DO NOT SEND CASH.</b> <b>DO NOT EMAIL YOUR APPLICATION.</b>	Mail to: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul MN 55164-0499	
<b>The Office of Vital Records returns request forms that are incomplete or not paid in full at the time of 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.