



# Optional reporting of early term stillbirth and application for certificate

## 16-19 weeks of pregnancy

Please provide the requested information in the form below so that DHHS Vital Records can process your request. The information you give us will only be used by DHHS to process your request, and if necessary, may also be accessed by contractors who are a part of the DHHS technical team. We will not be able to process your request without the requested information. This data is part of the record series 28621. All fields are required unless otherwise specified.

### For the medical provider

Sex:  Male  Female  Unknown Gestational age: \_\_\_\_\_ Delivery date: \_\_\_\_\_

Delivery time: \_\_\_\_\_ Delivery location: \_\_\_\_\_

City of delivery: \_\_\_\_\_ County of delivery: \_\_\_\_\_

Name of attending medical provider: \_\_\_\_\_

An early term stillborn child, gestational age between 16 and 19 weeks, was delivered of the woman named below.

Medical provider (MD, DO, or PA) signature: \_\_\_\_\_

### Parent information

Mother's full name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name prior to first marriage: \_\_\_\_\_ Birth place: \_\_\_\_\_

Residence city: \_\_\_\_\_ Residence state or country if not US: \_\_\_\_\_

Parent 2 full name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name prior to first marriage: \_\_\_\_\_ Birth place: \_\_\_\_\_

(Maiden name)

Residence city: \_\_\_\_\_ Residence state or country if not US: \_\_\_\_\_

Baby's name (not required): \_\_\_\_\_

### Applicant information

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Number of certificates: \_\_\_\_\_ Certified copy \_\_\_\_\_ \$18 +

\_\_\_\_\_ Additional certified copies (\$10) \_\_\_\_\_ =

Total Fee \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Acceptable identification to obtain vital records

## Identification (ID) must be current

Identification is required for all non-public vital records. Mailed requests must include an easily identifiable photocopy of the front and back of the identification from the list below or the application will be returned. One form of identification from the “Primary” column is required **or** two forms of identification from the “Secondary” column.

### Primary

(Need 1 – photo ID)

- Government issued photo driver’s license
- Government issued photo identification
- Employment authorization card
- U.S. military identification card
- Tribal identification card
- Permanent resident card
- Foreign visa
- U.S. passport
- U.S. passport card
- Foreign passport
- U.S. naturalization certificate or certificate of citizenship
- Matricula consular card
- Concealed weapon permit
- Mexican voter registration card
- Jail/prison release form (with picture)
- Veteran’s health ID card

### Secondary

(Need 2)

- Work identification - paycheck stub or W-2
- School, university or college ID card
- Voter registration card
- Social Security card
- U.S. military separation/DD-214
- Motor vehicle registration/title
- Marriage license (certified copy with signatures, not an abstract)
- Court order or court documents
- Jail/prison documents
- Probation documents
- Property tax receipt
- Selective Service card
- Hunting/fishing license
- Insurance card or documents
- Utility bill
- Business license
- Professional license

## We cannot accept:

- Novelty Identification Card (ID not issued by the government)
- Driving Privilege Card (prohibited by law UCA 53-3-207(7)(b)(ii)).

If you do not have acceptable identification, you can ask your spouse, parent, grandparent, sibling, or adult child to show their appropriate identification to request the certificate. You may be asked to show proof that you are related.