



UTAH DEPARTMENT OF HEALTH

Office of Vital Records & Statistics

APPLICATION FOR CERTIFICATE OF EARLY TERM STILLBIRTH

16-19 Weeks of Pregnancy

IDENTIFYING INFORMATION

FULL NAME FOR CERTIFICATE _____
DELIVERY
DATE: _____ DELIVERY TIME: _____ SEX: Male _____ Female _____ Unk _____ WEEKS: _____
DELIVERY LOCATION: _____
Hospital or Street address if out of hospital delivery

PARENT INFORMATION

MOTHER'S FULL NAME: _____ BIRTH DATE: _____
NAME PRIOR TO
FIRST MARRIAGE: _____ BIRTHPLACE: _____
RESIDENCE CITY & COUNTY: _____ STATE: _____ ZIP: _____ INSIDE CITY
LIMITS? [] YES [] NO
PARENT 2 FULL NAME: _____ BIRTH DATE: _____
NAME PRIOR TO
FIRST MARRIAGE: _____ BIRTHPLACE: _____
RESIDENCE CITY & COUNTY: _____ STATE: _____ ZIP: _____ INSIDE CITY
LIMITS? [] YES [] NO

APPLICANT

PRINTED NAME _____ PHONE _____
ADDRESS _____
EMAIL ADDRESS _____
NUMBER OF CERTIFICATES _____ 1 Search (non-refundable) includes 1 certified copy \$18 +
_____ Additional certified copies (\$10 each) _____ =
TOTAL FEE _____
SIGNATURE _____ DATE _____

GENERAL INFORMATION

Please read this application carefully.
It is a criminal violation to make false statements on this application or to fraudulently obtain a vital records certificate.
All fees paid are non-refundable. If required information is missing, applicant will have 90 days to provide missing information.

CHECKLIST

- [] This application is fully completed.
[] The early term still birth child was delivered within 16-19 weeks gestation.
[] **Mail Orders: My Check or Money Order is enclosed made payable to the Office of Vital Records and Statistics**
[] **ID is required. Mail Orders: A Copy of my ID is enclosed.** (see reverse for acceptable ID)

OFFICE USE ONLY

ID # _____ ID Exp _____ Request # _____
Paid: Check Money Order Cash Credit Card Account Clerk's Initials _____

MAILING ADDRESS: PO Box 141012 • SLC, UT 84114-1012 • **PHYSICAL ADDRESS:** 288 N 1460 W, SLC
801-538-6105 • Fax 801-538-7012 • vrequest@utah.gov • vitalrecords.utah.gov • UDOH-OVRS-107 May 2019