Utah Department of Health & Human Services

Optional reporting of early term stillbirth and application for certificate

16-19 weeks of pregnancy

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: _____

Mailing address: PO Box 141012 SLC, UT 84114-1012 Physical address: 288 N 1460 W SLC
801-243-8540 – vrequest@utah.gov – birthregistration.utah.gov – DHHS-OVRS-107 June 2024