



# FETAL DEATH CERTIFICATE REQUEST FORM

FEE PER COPY IS \$20.00

Select one option if requesting in person:  Pickup  Mail it to applicant

**Certified Copy**  
*You may establish identity with this type of copy*

## 1 BABY INFORMATION (PRINT CLEARLY) BN#: \_\_\_\_\_ LRN: \_\_\_\_\_

First Name		Middle Name		Last Name		Date of Death
City of Birth <b>BERKELEY, CA</b>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Maiden Name			No. of Copies
Father's/Parent's First Name		Father's/Parent's Middle Name		Father's/Parent's Last Name		
Mother's/Parent's First Name		Mother's/Parent's Middle Name		Mother's/Parent's Last Name		

## 2 APPLICANT INFORMATION (REQUESTOR) (PRINT CLEARLY)

Full Name of Applicant Requesting Record				YOUR Relationship to the stillborn?	
Address (Number, Street)			Apt#/Unit	Telephone Number (    )	
City	State	Zip Code	Country (If outside of USA)		

## 3 INSTRUCTIONS

- Certified copies of Fetal Death including Confidential Information portion can **ONLY** be issued to those persons identified in H&S Code Section 102430.
- Complete a separate application form for each different baby.
- Complete the **Applicant Information** section and provide your signature where indicated. In the **Fetal Death Information** section, provide all the information you have available to identify the fetal death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the fetal death record.
- We only have records from 2008 to present. Any request for Fetal Death Certificates that occurred prior to 2008 must be submitted directly to the CA State Registrar.
- If no fetal death record is found, the fee collected will be retained for searching the record (as required by law) and a **Certificate of No Public Record** will be issued to the applicant. If you are mailing your request, indicate the number of certified copies you wish and include the correct fee(s) in the form of a personal check, postal or bank money order (international money order only accepted for out-of-country request) made **payable to the City Of Berkeley**.

## 4 NOTICE

If you applied by mail and did not receive the requested certificate(s), you must file a claim with our office within 3 months of your original request. After 3 months, our office will not accept any claims of lost mail and you will have to submit another notarized request with the required fee.

PLEASE LEAVE THIS SPACE BLANK

## 5 CONTACT INFORMATION

Office of Vital Statistics  
[www.cityofberkeley.info/vitalstatistics/vitalrecords@ci.berkeley.ca.us](http://www.cityofberkeley.info/vitalstatistics/vitalrecords@ci.berkeley.ca.us)  
Telephone: (510) 981-5320 - Fax: (510) 981-5315

FOR VITAL STATISTICS USE ONLY