

Certificate of Birth Resulting in Stillbirth

Certificates of Birth Resulting in Stillbirth are issued for fetal deaths of
20 weeks or more gestation.

Authority: Minnesota Statutes, section 144.222.

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

Stillborn information - to find the record						
Stillborn first name	Stillborn middle name	Stillborn last name	Last name suffix			
Date of delivery (mm/dd/yyyy)	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em; margin-right: 5px;">Sex</div> <div style="font-size: 0.8em;"> Female Male Undetermined </div> </div>	City of delivery	County of delivery		State MN	
Parent information on the stillborn report						
First Parent	Parent one - first name	Parent one - middle name		Parent one - last name		
Second Parent	Parent two - first name	Parent two - middle name		Parent two - last name		
Requesting parent (Your name must be on the stillborn report)						
Please print your name. If you put your name here, you must sign in front of the notary.					Daytime phone (10 digits)	
Mailing address – Street <small>UPS® does not deliver to PO boxes or APO addresses</small>			Apt/Unit #	City	State	ZIP Code™
You may be eligible for a refundable tax credit of \$2000. To see if you qualify for the tax credit, visit the Minnesota Department of Revenue (DOR) Parents of Stillborn Children Credit (https://www.revenue.state.mn.us/parents-stillborn-children-credit) webpage. Or call 651-296-3781 or 800-652-9094.						
Signature and Notary Information – the requesting parent named above must sign this application in front of a notary						
I certify that the information on this application is correct and complete to the best of my knowledge. I understand that the Minnesota Department of Health shares information with the Minnesota Department of Revenue to administer the tax credit.						
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					
PENALTIES: Any person who willfully and knowingly gives false information for a certified vital record may spend 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).						

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

Requesting parent name:			
How many certificates of birth resulting in stillbirth do you want?		Fee	Subtotals
One Certificate of Birth Resulting in Stillbirth		\$16	\$16
How many extra certificate(s) do you want to buy for this record now?	# Of extra copies	\$9 each	
How do you want your request processed?		Fee	Choose processing
Standard – request processed in the order received		\$0	
Faster – your request goes ahead of standard requests (Does not include UPS® delivery)		\$20	
How do you want the certificates you ordered delivered to you?		Fee	Choose delivery
Regular First-Class Mail®		\$0	
United Parcel Service (UPS®)		\$16	
<p>For UPS® delivery, check here <input type="checkbox"/> to require a signature. The Office of Vital Records and UPS® are not responsible for deliveries that do not require a signature. UPS® will not deliver to PO boxes or APO addresses. For UPS® delivery to an address outside of the United States, include a UPS® prepaid envelope with your application and fees. If you send us a UPS® prepaid envelope do not pay OVR for UPS® delivery.</p>			
The amount you pay must cover the certificates and services you asked for.		Total due = subtotals + processing + delivery	
Fees are due with the application and are non-refundable.		Your payment must cover the costs of the certificates and services you asked for.	
<i>Minnesota Statutes, section 144.226.</i>			
How do you want to pay?			
Credit Card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
Check Check # _____	Make check or money order payable to the Minnesota Department of Health and send by mail with this application form. DO NOT SEND CASH. 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>		
Money order Money order # _____			
Send application form and payment to the Office of Vital Records:			
FAX application with credit card information to 866-416-1357. DO NOT SEND cash. DO NOT EMAIL your application.		Mail to: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul MN 55164-0499	
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