

FUNERAL ESTABLISHMENT USE ONLY

**APPLICATION FOR CERTIFIED COPY OF FETAL DEATH RECORD
DO NOT Complete This Application before Reading the Instructions Below**

Fee: \$21.00 per copy (payable to the County of Riverside).		
FETAL DEATH INFORMATION (Please print or type)		Today's Date: _____
FIRST Name on Certificate	MIDDLE Name on Certificate	LAST Name on Certificate
Date of Fetal Death- MM/DD/CCYY	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	City of Fetal Death
FIRST Name on Certificate (Father/Parent)	MIDDLE Name (Father/Parent)	LAST Name on Certificate (Father/Parent)
FIRST Name on Certificate (Mother/parent)	MIDDLE Name (Mother/parent)	LAST Name on Certificate (Mother/parent)
Print Name of Applicant	Signature of Applicant	Relationship to Stillborn
Business applicant 's mailing information: Name: _____ Street Address: _____ City,State,Zip code: _____		Number of copies requested : _____ Amount Enclosed : \$ _____ Applicant's name: _____ Print _____ Signature

INSTRUCTIONS:

1. Complete a separate application for each fetal death record requested.
2. Complete the Application including your printed name and signature where indicated on form. If the Information you furnish is incomplete or inaccurate, we may not be able to locate the record.
3. Complete the **Application Information** section and provide your signature where indicated. In the **Certificate of 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, which is the record from which the information to complete a Certificate of Still Birth must be obtained.
4. Submit \$21 for **each** copy requested. If no fetal death record is found, the \$21 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee (s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **County of Riverside**. Mail this application with the fee(s) to the Office of Vital Records at address below.
5. **WE DO NOT ACCEPT Third-party checks.**
6. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records
P.O. Box 7600
Riverside, CA 92513
(951) 358-5068