

**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
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

Section D: SWORN STATEMENT AND CERTIFICATE OF ACKNOWLEDGMENT

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code §103526 (c), and am eligible to receive a certified copy of the death record of the following individual:

(Your Printed Name)

Name of Person Listed on the Certificate: _____
(this is the name of the decedent)

Your Relationship to the Person named above: _____
(this must match the relationship indicated in Section C on page 1)

*****The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.*****

Subscribed to this _____ day of _____, 20_____, at _____.
(Day) (Month) (Year) (City) (State)

(Your Signature)

If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment is compliant with California law (Civil Code §1189) and must be completed by a Notary Public. If you are not in California, please strike out California and insert the appropriate state.

Law Enforcement and local and state government agencies are exempt from the notary requirement.

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document.

State of California)

County of _____)

On _____ before me, _____ personally appeared
(here insert name and title of the officer)

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
(SEAL)

SIGNATURE