

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF STILL BIRTH
DO NOT Complete This Application before Reading the Instructions Below

Certified Copies can be issued only to a parent (mother and/or father only)
 Fee: **\$20.00 per copy** (payable to the County of Riverside).

CERTIFICATE OF STILL BIRTH INFORMATION (Please print or type)

FIRST Name on Fetal Death Certificate	MIDDLE Name on Fetal Death Certificate	LAST Name on Fetal Death Certificate
City of Stillbirth within Riverside County	Date of Stillbirth- MM/DD/CCYY	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
FIRST Name on Fetal Death Certificate Father/Parent	MIDDLE Name on Fetal Death Certificate Father/Parent	LAST Name on Fetal Death Certificate Father/Parent
FIRST Name on Fetal Death Certificate Mother/parent	MIDDLE Name on Fetal Death Certificate Mother/parent	LAST Name on Fetal Death 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:

As of January 1, 2008, **ONLY** a parent (mother and/or father) can obtain a Certified Copy of a Certificate of Still Birth.

Complete a separate application for each Certificate of Still Birth requested.

Complete the **Application Information** section and provide your signature where indicated. In the **Certificate of Still Birth 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.

Submit \$20 for **each** copy requested. If no record is found, the \$20 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.

WE DO NOT ACCEPT Third-Party Checks.

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
(Your Printed Name)
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:

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