

Request for Certificate of Birth Resulting in Stillbirth

Use this form to request a Certificate of Birth Resulting in Stillbirth, which is issued for a fetal death at 20 weeks or more gestation. This request can only be fulfilled by the Office of Vital Records (Minnesota Department of Health); it's not available through county vital records offices.

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both.

Information to find the stillborn report							
Stillborn first name		Stillborn middle name		Stillborn last name		Name suffix	
Date of delivery (mm/dd/yyyy)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undetermined	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)							
Print your name (This person must be the one who signs in front of the notary.)					Daytime phone (10 digits)		
Street address (Express delivery does not deliver to PO boxes or APO addresses)			Apt/Unit #	City	State	Zip code	
<p>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 Parents of Stillborn Children Credit (https://www.revenue.state.mn.us/parents-stillborn-children-credit) webpage. Or call 651-296-3781, 800-652-9094.</p>							
REQUIRED – Sign the form in front of a notary public							
<p><i>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.</i></p>							
Requesting parent signature (name must match requesting parent name above)					Notary stamp/seal		
Notary	Signed or attested before me on day of , 20						
	Printed name of notary public						
	Notary public signature			My commission expires			

REQUEST FOR CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

Requester Name:			
Fees and records request		Fee	
Certificate of Birth Resulting in Stillbirth		\$16	\$16
Additional certificates	# of extra copies	\$9 each	
Processing		Fee	
Standard — request processed in the order received		\$0	
Faster — request handled ahead of standard requests (<i>doesn't include express delivery</i>)		\$20	
Shipping		Fee	
Regular first-class mail		\$0	
Express delivery (<i>Check here <input type="checkbox"/> to require a signature.</i>)		\$21	
<ul style="list-style-type: none"> ▪ The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature. Express delivery services will not deliver to PO boxes or APO addresses. ▪ For delivery outside the United States, you must supply a prepaid express delivery envelope with your application. 			
Total due		<i>Fees are due with the application and are non-refundable.</i>	
Payment method			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name		Valid thru (MM/YY)
	Card number		3-digit code
<input type="checkbox"/> Check	Check #		Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.
<input type="checkbox"/> Money order	Money order#		
Send your application and payment to:		Incomplete requests	
Minnesota Department of Health Office of Vital Records Mail: PO Box 64499, St. Paul, MN 55164-0499 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 (<i>no vital-records counter service at this location</i>)		The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.	
If you have questions , contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.			