

### APPLICATION FOR CERTIFIED COPY OF FETAL DEATH RECORD

**INFORMATION:**

Fetal death records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

**INSTRUCTIONS:**

1. Complete a separate application for each fetal death record requested.
2. Complete the **Applicant Information** section and provide your signature where indicated. In the **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 record.
3. Submit \$18 for **each** copy requested. If no fetal death record is found, the 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 **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).
4. Mail completed applications with the fee(s) to:

California Department of Public Health  
 Vital Records – MS 5103  
 P.O. Box 997410  
 Sacramento, CA 95899-7410  
 (916) 445-2684

**PLEASE ATTACH CHECK HERE**

Fee: **\$18 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH**  
 (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date:**

Agency Name (if applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – <b>DO NOT SEND CASH</b> \$ _____ Check    \$ _____ Money Order		Number of Copies
City		Name of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) (    )	Country	City	State	ZIP Code

**FETAL DEATH INFORMATION (PLEASE PRINT OR TYPE)**  
*Complete information below as shown on the fetal death record, to the best of your knowledge.*

<b>FETAL DEATH FIRST</b> Name		<b>MIDDLE</b> Name	<b>LAST</b> Name
City of Fetal Death (must be in California)			County of Fetal Death
Date of Fetal Death – MM/DD/CCYY (If unknown, enter approximate date of fetal death)			Sex _____ Female    _____ Male
<b>Father/Parent FIRST</b> Name		<b>MIDDLE</b> Name	<b>LAST</b> Name (Before Marriage/Domestic Partnership)
<b>Mother/Parent FIRST</b> Name		<b>MIDDLE</b> Name	<b>LAST</b> Name (Before Marriage/Domestic Partnership)