

# Application for Certificate of Birth Resulting in Stillbirth

Only the parent(s) of a stillborn (fetal death) may obtain a certified Certificate of Birth Resulting in Stillbirth.

**PLEASE TYPE OR PRINT LEGIBLY**

Full name of child \_\_\_\_\_

Month, day, and year of stillbirth \_\_\_\_\_

City or town of stillbirth \_\_\_\_\_ County of stillbirth \_\_\_\_\_

Father's full name \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_

For what purpose is this record to be used? \_\_\_\_\_

How are you related to the person listed on the record? \_\_\_\_\_

**WARNING:** Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE OF REQUESTOR \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Today's Date \_\_\_\_\_

**(Please enclose a photocopy of your photo ID [i.e. current driver's license] when mailing in this request).**

(Please make checks payable to Vital Records)

Only exact amount will be accepted.

**Number of certified copies** \_\_\_\_\_ **x \$17.00 each = \$** \_\_\_\_\_ **Total**

**Mail to:**  
Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

**(Please enclose a stamped, self-addressed business size envelope)**

**FOR OFFICE USE ONLY**

Check     MO     Cash

Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_

By Whom Received \_\_\_\_\_

**PROOF OF IDENTIFICATION;**

DL                      STATE ID                      OTHER