

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: _____

Today's Date _____

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

FOR OFFICE USE ONLY

Check MO Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION;

DL STATE ID OTHER

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies _____ x \$17.00 each = \$ _____ Total
(Please make checks payable to Vital Records)

Mail to:
Vital Records
PO Box 95065
Lincoln, NE 68509-5065
(Please enclose a stamped, self-addressed business size envelope.)

Bring to:
Vital Records
1033 O Street, Suite 130
Lincoln, NE 68508-3621