

### APPLICATION FOR STILLBIRTH CERTIFICATE

<b>Stillbirth Information</b>	<b>NAME OF STILLBORN.</b> Print the entire name as it currently appears on the fetal death record.		
	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undet. (Gender will not be listed for Undetermined)	<b>DATE OF STILLBIRTH</b> (Month/Day/Year)	<b>PLACE OF STILLBIRTH - CITY</b>
	<b>NAME OF HOSPITAL</b> (If delivery occurred outside of a hospital, list the street address where the delivery occurred.)		
	<b>MOTHER'S FULL NAME</b> (As of the Date of Stillbirth) (First/Middle/Last)	<b>MOTHER'S BIRTH SURNAME</b>	
	<b>FATHER'S FULL NAME</b> (As of the Date of Stillbirth) (This item may be left blank if mother was unmarried and no AOP was filed.)		
<b>Applicant Information</b>	<b>ONLY THE PARENT OF THE STILLBORN MAY FILE AND OBTAIN A COPY OF A STILLBIRTH CERTIFICATE FOR THAT EVENT. THE PARENT MUST SUBMIT A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION AND PAYMENT OF \$30.00.</b>		
	<b>Requestor Name</b> (Print or Type). Requestor <u>must</u> attach a copy of picture identification	<b>Telephone Number</b> (Include Area Code)	
	<b>Requestor Complete Mailing Address</b> (include apartment number if applicable)	<b>City/State/Zip Code</b>	
<b>Copies &amp; Fees</b>	<b>Number of Copies requested.</b> _____  <b>Fee: \$30.00 per copy</b> <b>Make Money Orders Payable to:</b> Treasurer, State of CT	<b>Mail Request and identification to:</b>  State Registrar of Vital Records Department of Public Health Vital Records-MS#11VRS 410 Capitol Avenue Hartford, CT 06134-0308	
<b>Applicant Signature</b>	<b>SIGNATURE OF MOTHER</b>		<b>DATE SIGNED</b>
	<b>SIGNATURE OF FATHER</b>		<b>DATE SIGNED</b>