



**UTAH COUNTY HEALTH DEPARTMENT OFFICE OF VITAL RECORDS
REQUEST FOR CERTIFIED COPY OF A CERTIFICATE
OF BIRTH RESULTING IN A STILLBIRTH**

HOURS: MONDAY - FRIDAY 8:00 AM - 4:30 PM 801- 851-7005

Warning: It is a criminal violation to make false statements on vital records request forms or to fraudulently obtain a birth or stillbirth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. (Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6)

INSTRUCTIONS

1. A request form must be completed for each stillbirth requested.
2. There is a fee of \$18.00 (made payable to UCHD) for each search of our files.
Duplicate certified copies of this record ordered at the same time are \$10.00 each.
3. Send the completed request form, required fee, and a photocopy of your current photo ID to Utah County Health Department, Vital Records, 151 S. University Ave. #1100, Provo, Utah 84601
4. If the requestor does not respond to any correspondence from Vital Records within 90 days, Vital Records may retain all monies paid.
5. When you receive your certificate(s) please take the time to review the entire record for accuracy. Copies can only be replaced within 90 days from the issuance date.

IDENTIFYING INFORMATION

Full name as it should appear on certificate: _____

Date of Delivery _____

Place of Delivery: City _____ County _____ Hospital _____

Full **Birth Name** of Parent _____

Full **Birth Name** of Parent _____

REQUESTOR

Relationship: I am Parent Sibling Spouse Child Grandparent Grandchild
 Other (Specify) _____

If other, reason for requesting certificate: _____

Your Signature _____ Date _____

Printed Name _____ Telephone _____

Your Address _____

	City	State	ZIP
<u>Number of Certified Copies Requested</u>			
_____ Regular Certificate	_____		
_____ Additional Certified Copies (\$10 each)	_____		
	Total Fee	_____	_____

If this order is to be mailed, **PRINT** name and mailing address below if different than above:

For Office Use Only (do not write below this line)

Paid: Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/>	For Credit Card circle type: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/>
Certified Paper # _____	Name on card: _____ Exp. Date _____
Request # _____ Clerk's Initials _____	Card # _____ 3-Digit Code _____
Teller _____ Trans # _____	Signature: _____