

**SB**

# Application for a Stillborn Birth Certificate

Print or Type

## INTERNAL USE ONLY

Date: _____	Initials: _____
Delivery: <input type="checkbox"/> P <input type="checkbox"/> PO <input type="checkbox"/> M	
Status: <input type="checkbox"/> S <input type="checkbox"/> R <input type="checkbox"/> A	

### PART 1: APPLICANT

Only parent(s) listed on the fetal death record are eligible to receive a stillborn certificate.

My current legal name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Street: \_\_\_\_\_ Email address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

☐ I am a parent listed on the fetal death record.

### PART 2: STILLBORN BIRTH CERTIFICATE BEING REQUESTED

Please complete as much information as possible.

NAME _____ (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> The fetus was not named at time of delivery.
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SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF DELIVERY _____
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PLACE OF DELIVERY Pa. _____ (State) (County) (City/borough/township) (Hospital name)			
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PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ (First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)				
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PARENT'S INFORMATION <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent _____ (First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)				
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### PART 3: ACCEPTABLE FORMS OF IDENTIFICATION

I have included a legible photocopy of the following:

☐ A valid driver's license or other government-issued photo ID that includes my mailing address. If applying by mail, the address on my ID matches the mailing address listed above. **Expired IDs cannot be accepted.**

☐ I do not have a valid government-issued photo ID. Therefore, I have provided two current documents that verify my name and current address (such as a utility bill, pay stub, bank statement, car registration or lease/rental agreement). Search "Acceptable ID" at [www.pa.gov](http://www.pa.gov) for further information.

### PART 5: SIGNATURE OF APPLICANT

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

\_\_\_\_\_  
(Signature) (Date)

Signature must match the name listed in Part 1 of this form.

### PART 4: FEE

**Make check or money order payable to "VITAL RECORDS."**

Quantity Required	
Certificate cost:	\$20.00
Quantity: X _____	
Total: _____	

#### Fee waiver request - member of the U.S. armed forces

- ☐ I am requesting a complimentary copy of the certificate. I understand that I must pay the fee for any subsequent copy I request after this initial complimentary copy is issued.
- ☐ I or my current legal spouse (includes widow/widower if not remarried) is in active service or a veteran. Veteran means an individual whose character of service is other than dishonorable per Act 137 of 2024.
- ☐ I have enclosed a copy of my/my spouse's Military ID or DD214 (or equivalent document) that demonstrates the required character of service.

### HOW TO APPLY

**Order by mail:** Send application, identification and payment to:

Department of Health  
Division of Vital Records  
PO Box 1528  
New Castle, PA 16103