



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

Division of Vital Records

6764-B Reisterstown Road, Baltimore, Maryland 21215

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## **Maryland Certificate of Birth Resulting in Stillbirth**

Thank you for your interest in obtaining a Maryland Certificate of Birth Resulting in Stillbirth from the Division of Vital Records. Following is information to assist you in obtaining a copy of this certificate:

- The Certificate of Birth Resulting in Stillbirth is issued upon request of the parent or parents of a stillborn child for whom a fetal death was registered in the State of Maryland.
- The parent or parents requesting a Certificate of Birth Resulting in Stillbirth must be named on the registered fetal death certificate.
- If the parent or parents do not wish to provide a first name for the stillborn child, and the child was not named on the fetal death certificate, no first name will appear on the Certificate of Birth Resulting in Stillbirth.
- If the parent or parents wish to include a name for the child on the Certificate of Birth Resulting in Stillbirth that does not appear on the fetal death certificate, or amend the name on the fetal death certificate, the parent or parents must follow the procedure for additions and amendments to a name on a birth certificate. Further information on adding or amending a name may be obtained by calling the Division of Vital Records at 410-764-3036.
- There is a fee of \$12.00 for each certified copy of a certificate. A check or money order should be made payable to the Division of Vital Records.
- Valid government-issued photo ID (state issued driver's license, non-driver photo ID, passport). If you do not have a government-issued photo ID, please enclose two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you.
- The attached **APPLICATION FOR MARYLAND CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH**, required identification, and fee should be mailed to the following address:

Division of Vital Records  
P.O. Box 68760  
Baltimore, Maryland 21215-0036

- You will receive your child's Certificate of Birth Resulting in Stillbirth within 30 days of receipt of your application.

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|  <b>STATE OF MARYLAND</b><br>DEPARTMENT OF HEALTH<br>DIVISION OF VITAL RECORDS |                       |       |
| <b>CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH</b>  |                       |       |
| NAME:  | DATE OF BIRTH:        | SEX:  |
| DATE OF DELIVERY:  | PLACE OF DELIVERY:    | TIME: |
| MOTHER'S MARRIED NAME:   | MOTHER'S NAME:        | AGE:  |
| FATHER'S NAME:   | DATE RECORDED ISSUED: | AGE:  |
| <small>ORDERLY CERTAIN FETAL DEATH CERTIFICATE IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS</small><br><small>STATE REGISTRAR</small>   |                       |       |
| <b>THIS DOCUMENT IS NOT A CERTIFICATE OF LIVE BIRTH</b>  |                       |       |

# APPLICATION FOR THE MARYLAND CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

*The completed form should be sent to the Division of Vital Records, P.O. Box 68760, Baltimore, MD 21215-0036. Please include the following:*

- *Check or money order for \$12.00, payable to the Division of Vital Records, for each copy you are ordering.*
- *Valid government-issued photo ID (state issued driver's license, non-driver photo ID, passport). If you do not have a government-issued photo ID, please enclose two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you.*

Date of application \_\_\_\_\_ Number of copies of certificates requested \_\_\_\_\_  
(Month/day/year)

Child's name on fetal death certificate \_\_\_\_\_  
(First/middle/last)

Date of delivery \_\_\_\_\_ Child's sex \_\_\_\_\_  
(Month/day/year)

Place of delivery \_\_\_\_\_  
(Hospital and county or Baltimore City)

Child's fetal death certificate number (if known) \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_  
(First/middle/last)

Mother's married name \_\_\_\_\_  
(First/middle/last)

Father's name \_\_\_\_\_  
(First/middle/last)

Mailing address of parent(s) \_\_\_\_\_  
 \_\_\_\_\_  
(Street/city or town/state/zip code)

Signature of parent requesting certificate \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_

COMMENTS \_\_\_\_\_