



Request for Certified Copy of a Certificate of Birth Resulting in a Stillbirth

WARNING: It is a criminal violation to make false statements on vital records request forms or to fraudulently obtain a birth 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 birth 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 _____
BIRTHPLACE OF DECEDENT (State or County) _____ DATE OF BIRTH OF DECEDENT _____
USUAL RESIDENCE OF DECEDENT (City & State) _____
FULL BIRTH NAME OF PARENT _____
FULL BIRTH NAME OF PARENT _____

REQUESTOR

RELATIONSHIP: I am (please check one) Parent Sibling Spouse Child Grandparent Grandchild Other
Other (Specify) _____

If other, reason for requesting certificate: _____

Your Signature **X** _____ Date: _____

Printed Name: _____ Telephone: _____

Your Address: _____
(City, State, and Zip)

NUMBER OF CERTIFIED COPIES REQUESTED

_____ Regular Certificate \$18.00
_____ Additional Certified Copies (\$10 each) _____

TOTAL FEE _____

If this order is to be mailed, please PRINT the name and mailing address below:

For OFFICE USE ONLY (do not write below this line)

PAID: Cash Check Money Order **FOR CREDIT CARD:** circle type VISA / MasterCard / Discover
Certified Paper #: _____ Name on card: _____ Exp. Date: _____
Request #: _____ Clerk's Initials: _____ Card #: _____ 3-Digit Code: _____
Teller _____ Trans # _____ Signature: _____