

## Request to Change or Register a Fetal Death Record

Use this form to:

- Request a change to information on a fetal death record. Only parents named on the fetal death record may request changes.
- Register a fetal death record more than one year after delivery. Submit the form with an authenticated medical record showing facts of the delivery and stillbirth.

This request can only be fulfilled by the Office of Vital Records (Minnesota Department of Health); it's not available through county vital records offices.

Stillborn information													
	Stillborn first name		Stillborn	Stillborn middle name		Stillborn last name							
ject													
qns/	Date of delivery (MM/DD/YYYY)		Sex [		ta city of c	delivery	Minnesota county of deliv		State				
Stillborn/Subject									MN				
tillb	Facility where delivery occurred	L d											
S													
			rst parent - middle na		First pare	ent - last nan	ne	Last name before 1	pefore 1st marriage				
6													
arent	Second parent - first name Second		nd parent - middle nm		Second parent - last name		name	Last name before 1st marriage					
are													
Ь	First parent – place of birth First par		arent – date of birth		Second parent – place		e of birth Second parent –		ate of birth				
_		<u> </u>											
Change an existing fetal death record													
Fill in a field below ONLY if you want to add to or change the information on an existing fetal death record.													
Add or change the stillborn's													
First name to					Sex to								
	Idle name to		Date	Date of delivery to									
Last name to													
	d or change first parent's			1									
First name to					Last name before 1st marriage to								
Middle name to					Birthplace to								
Last name to Birth date to													
-	d or change second parent's			<u> </u>		4 ct	_						
First name to					Last name before 1st marriage to								
Middle name to					Birthplace to								
Last name to Birth date to													
REQUIRED – Sign this form in front of a notary public  Requester's name													
Ket	quester s'hame												
Requester's street address*						City		State	Zip code				
	,												
Requester's daytime phone (10-digits)						Email		1	l				

<sup>\*</sup>Express delivery services will not deliver to PO boxes or APO addresses.

## REQUEST TO CHANGE OR REGISTER A FETAL DEATH RECORD

I certify that the information p	rovided on this applicatio	n is cori	rect and complete to	the	best of my	knowledge.			
Requester signature	Nota	Notary stamp/seal							
Signed or attested before me or									
Printed name of notary public									
Notary public signature									
Fees and records request				Fee					
Change fetal death record				<b>\$0</b>					
Register a fetal death record m	nore than one year after de			\$40					
Noncertified fetal death record	d transcript (contains healt	available only to moti	her)	\$9					
First Certificate of Birth Resulti			\$16						
Additional certificates		# of ex	tra copies		\$9 each				
Processing					Fee				
Standard — request processed	l in the order received				<b>\$0</b>				
Faster — request handled ahea	y)	\$20							
Shipping		Fee							
Regular first-class mail		\$0							
Express delivery (Check here		\$21							
<ul> <li>The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature. Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>For delivery outside the United States, you must supply a prepaid express delivery envelope with your application.</li> </ul>									
Total due Fees are due with the application and are non-refunde									
Payment method									
☐ Credit card	Cardholder name			Valid thru (MM/YY)					
MasterCard/VISA/Discover	Card number	3-digit code							
☐ Check #	Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.								
☐ <b>Money order</b> Money order									
Send your application and pay	Incomplete requests								
Minnesota Department of Hea Office of Vital Records	The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application.								
Mail: PO Box 64499, St. Paul, N	Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.								
Fax: 866-416-1357 (credit card									
Courier/express delivery: 625 55155 (no vital-records counte									
If you have <b>questions</b> , contact	the Office of Vital Records	at <u>healtl</u>	n.vitalrecords@state.	mn.u	s or 651-20	01-5970.			