

# 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/Subject	Stillborn first name		Stillborn middle name	Stillborn last name		
	Date of delivery (MM/DD/YYYY)	Sex	Minnesota city of delivery	Minnesota county of delivery	MN	
	Facility where delivery occurred					
Parents	First parent - first name	First parent - middle name	First parent - last name	Last name before 1st marriage		
	Second parent - first name	Second parent - middle nm	Second parent - last name	Last name before 1st marriage		
	First parent – place of birth	First parent – date of birth	Second parent – place of birth	Second parent – date of birth		
Change an existing fetal death record						
Fill in a field below <b>ONLY</b> 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			
Middle name to			Date of delivery to			
Last name to						
Add or change first parent's						
First name to			Last name before 1 <sup>st</sup> marriage to			
Middle name to			Birthplace to			
Last name to			Birth date to			
Add or change second parent's						
First name to			Last name before 1 <sup>st</sup> 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						
Requester's street address*				City	State	Zip code
Requester's daytime phone (10-digits)				Email		

*\*Express delivery services will not deliver to PO boxes or APO addresses.*

