

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	State 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 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		
Middle name to			Date of delivery to		
Last name to					
Add or change first parent's					
First name to			Last name before 1 st 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 st 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.

REQUEST TO CHANGE OR REGISTER A FETAL DEATH RECORD

I certify that the information on this application is correct and complete to the best of my knowledge. I understand that if I order the Certificate of Birth Resulting in Stillbirth, the Minnesota Department of Health may share information with the Minnesota Department of Revenue to administer the stillborn tax credit.

Requester signature	Notary stamp/seal
Signed or attested before me on: day of , 20	
Printed name of notary public	
Notary public signature	

Fees and records request		Fee	
Change fetal death record		\$0	
Register a fetal death record more than one year after delivery		\$40	
Noncertified fetal death record transcript (contains health data, <i>available only to mother</i>)		\$9	
First Certificate of Birth Resulting in Stillbirth		\$16	
Additional certificates	# of extra copies	\$9 each	
Processing		Fee	
Standard — request processed in the order received		\$0	
Faster — request handled ahead of standard requests (<i>doesn't include express delivery</i>)		\$20	
Shipping		Fee	
Regular first-class mail		\$0	
Express delivery (<i>Check here <input type="checkbox"/> to require a signature.</i>)		\$21	

- **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.
- For delivery outside the United States, you must supply a **prepaid** express delivery envelope with your application.

Total due	<i>Fees are due with the application and are non-refundable.</i>	
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Payment method

<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code
<input type="checkbox"/> Check	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.
<input type="checkbox"/> Money order	Money order#	

Send your application and payment to:	Incomplete requests
Minnesota Department of Health, Office of Vital Records Mail: PO Box 64499, St. Paul, MN 55164-0499 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 (<i>no vital-records counter service at this location</i>)	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. 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.

If you have **questions**, contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.