

Application for Certificate of Birth Resulting in Stillbirth

Only the parent(s) of a stillborn (fetal death) may obtain a certified Certificate of Birth Resulting in Stillbirth.

PLEASE TYPE OR PRINT LEGIBLY

Full name of child _____

Month, day, and year of stillbirth _____

City or town of stillbirth _____ County of stillbirth _____

Father/Parent's full name _____

Mother/Parent's full name at birth _____

For what purpose is this record to be used? _____

How are you related to the person listed on the record? _____

WARNING: Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE OF REQUESTOR _____

Type or Print Name _____

Street Address _____

City, State, Zip _____

Telephone Number _____

Email Address _____

Today's Date _____

(Please enclose a photocopy of your photo ID [i.e. current driver's license] when mailing in this request).

(Please make checks payable to Vital Records)

Only exact amount will be accepted.

Number of certified copies _____ **x \$17.00 each = \$** _____ **Total**

Mail to:
Vital Records
PO Box 95065
Lincoln, NE 68509-5065

(Please enclose a stamped, self-addressed business size envelope)

FOR OFFICE USE ONLY

Check MO Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION;

DL STATE ID OTHER