

## Worksheet for Nonviable Birth Commemorative Certificate

Only the patient of a nonviable birth may request a certificate of nonviable birth.

**PLEASE TYPE OR PRINT LEGIBLY**

Full name of baby (if named) \_\_\_\_\_ Gender (if known) \_\_\_\_\_

Month, day, and year of loss \_\_\_\_\_

City or town of loss \_\_\_\_\_ County of loss \_\_\_\_\_

Mother Full Current Legal Name (first, middle, last, suffix) \_\_\_\_\_

Father Full Current Legal Name (first, middle, last, suffix) (if known) \_\_\_\_\_

Health Care Facility verifying above information \_\_\_\_\_

\_\_\_\_\_  
Printed name of licensed health care practitioner or designee attending or  
diagnosing nonviable birth (Nebraska Rev. Statute §71-607) verifying  
above information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of licensed health care practitioner or designee attending or diagnosing nonviable birth (Nebraska Rev. Statute §71-607) verifying above information