



UTAH DEPARTMENT OF HEALTH Request for Certified Copy of a Certificate of Birth Resulting in a Stillbirth

Hours: Monday - Friday 8:00 AM to 4:30 PM 801-851-7005

WARNING: It is a criminal violation to make false statements on vital records request forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. (Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6)

**Vital records
Validation only**

INSTRUCTIONS

1. A request form must be completed for each birth requested.
2. There is a fee of \$15.00 (**made payable to UCHD**) for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
3. Send the completed request form, required fee, and a photocopy of your current photo ID to Utah County Health Department, Vital Records, 151 S. University Ave. #1100, Provo, Utah 84601.
4. If the requestor does not respond to any correspondence from Vital Records within 90 days, Vital Records may retain all monies paid.
5. When you receive your certificate(s) please take the time to review the entire record for accuracy. Copies can only be replaced within 90 days from the issuance date.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE _____
 DATE OF DELIVERY _____
 PLACE OF DELIVERY (City) _____ (County) _____ Hospital _____
 BIRTHPLACE OF DECEDENT (State or County) _____ DATE OF BIRTH OF DECEDENT _____
 USUAL RESIDENCE OF DECEDENT (City & State) _____
 FULL NAME OF FATHER _____
 FULL MAIDEN NAME OF MOTHER _____
 IF DECEASED WAS MARRIED, NAME OF SPOUSE _____

REQUESTOR

RELATIONSHIP: **I am** (please check one) Mother Father Sibling Spouse Child Grandparent Grandchild
Other (Specify) _____

If other, reason for requesting certificate: _____

Your Signature **X** _____ Date: _____

Printed Name: _____ Telephone: _____

Your Address: _____

NUMBER OF CERTIFIED COPIES REQUESTED

_____ Regular Certificate \$ 15.00 +
 _____ Additional Certified Copies (\$8 each) _____ +

TOTAL FEE _____

If this order is to be mailed, please **PRINT** the name and mailing address below:

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For OFFICE USE ONLY (do not write below this line)

PAID: Cash Check Money Order

FOR CREDIT CARD:

MasterCard Visa

Certified Paper #: _____ Name on card: _____ Exp. Date: _____

Request #: _____ **Clerk's Initials:** _____ Card #: _____ 3-Digit Code: _____

Revised: 07/2011

Signature: _____