REQUEST FOR CERTIFIED COPY OF A FETAL DEATH RECORD

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 61643 (11-2019)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name of Baby	2. Sex ☐ Male ☐ Female
3. Date of Death (Month, Day, Year)	4. Place of Death (City, Township or County)
5. Full Name of Father (First, Middle, Last)	
6. Full Name of Mother (First, Middle, **Maiden**)	
7. Number of Certified Copies Requested **($15.00 - 1st copy; $10.00 for each additional)** _____Certified (For all official purposes, including ND Tax Credit) _____Birth Resulting in Stillbirth (Available upon request)	8. Fees: **(Check or Money Order)** **$ _____ .00**
9. Your Relationship to Person on Line 1* ☐ Parent ☐ Authorized Representative (include court order) ☐ Court Order - Mandated Copy (include court order)	
Requestor Signature	Date
Requestor Printed Name	Daytime Telephone Number **( )**
Mailing Address	Apartment Number
City / State	ZIP Code
Shipping Options: (First Class Mail is the no cost default) ☐ First Class Mail - (Free) ☐ FedEx - $16 (Add $6 for AK or HI) ☐ UPS - $16 ☐ Waive Signature for FedEx or UPS Delivery	

IDENTIFICATION REQUIRED *- All applicants must submit A) One **Primary** form of ID;* **OR** *B) Two **Secondary** forms of ID;* **OR** *C) Submit a **Notarized** application. (Choose A or B or C) - Acceptable forms of identification listed on back of the form)*

Date Subscribed and Sworn Before Me	My Commission Expires	SEAL
County	State	
Signature of Notary Public		

Warning *- NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.*

PLEASE DO NOT ENTER ANYTHING BELOW THE LINE - THIS PORTION FOR OFFICIAL VITAL RECORDS OFFICE USE ONLY

Identification Verified	Fee Received

INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF A DEATH RECORD

The Division of Vital Records can issue copies of death certificates only for deaths that occurred in North Dakota. We have records on file starting with 1881 to the present.

Proof of identification must be submitted before we can issue a certified copy of a death record. Proof of identification can be established by having this form **NOTARIZED** in the space provided on the front, or by submitting a legible photocopy of **ONE** of the following **PRIMARY** forms of identification:

1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issued Passport or Visa
5. US Government issued Permanent Resident Card

If you cannot provide one of the primary forms of identification listed above, proof of identity can still be established by submitting a legible photocopy of **TWO** of the following **SECONDARY** forms of identification:

1. Social Security Card
2. Medicare/Medicaid Card
3. Utility bill with the current address (within the last three months)
4. Bank Statement with the current address (within the last three months)
5. Pay Stub (within the last three months) or W-2 (issued for the previous tax year)
6. Motor Vehicle Registration Card for the current year with the current address

The fee for a search of the files is $15; one search fee pays for one certified copy. Additional copies of the same record issued at the same time are $10 each. Please make your check or money order payable to North Dakota Department of Health. We will issue a certified raised-seal paper copy for each copy requested.

Once received in our office, copies are usually mailed in 3 to 5 business days **(this does not include the mailing time).** Copies to be sent by Federal Express or UPS are processed the same day, provided the request is in our office by 10:00 a.m. Central Time.

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through **Federal Express** for an **additional $16.00** (add $6 for delivery to Alaska or Hawaii) or **UPS** for an **additional $16.**

This form may be completed and **mailed** with fees to:

ND Department of Health
Division of Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

Our web page is at: www.health.nd.gov/vital

For questions, call our office at (701) 328-2360 or e-mail us at vitalrec@nd.gov.