FETAL DEATH Application for Certified Copy of Maryland Fetal Death Record FETAL DEATH

Maryland Department of Health • Division of Vital Records

By my signature below, I state that I am the person I represent myself to be herein, and I affirm that the information submitted on this form is complete and accurate and submitted subject to the criminal penalties set forth at Maryland Code Annotated, Health-General Section 4-227.

Signature of person making request: _____

Date of Application: _____

For Issuing Office Only
❑ Photo ID ❑ Mailed

NOTE: A copy of a fetal death record may only be issued to a parent named on the Certificate; a representative with a notarized letter signed by a parent granting permission to obtain a Certificate, or an individual with a court order directing that the Certificate be issued.

PRINT or TYPE your name & CURRENT address.

Name: _____ Your relationship to the person named on the Certificate: _____

Address: _____

City: _____ **State**: _____ **Zip:** _____

Daytime phone number: (_____) _____- _____ **E-mail Address**: _____

PHOTO ID REQUIRED: The individual requesting the record should submit a legible copy of his/her VALID GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: State issued driver's license or non-driver photo ID with requestor's current address; passport). If you do not have a Government-issued photo ID, read and sign the following statement: I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (*Note: These documents must include two of the following: Utility bill, car registration form, pay stub, bank statement, copy of income tax return/W-2 form, letter from a government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a Government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)*

Signature: _____

PRINT or **TYPE** information below with regard to the individual named on the requested certificate**:**

Name at Birth: _____

Date of Birth: _____ **Sex**: □ Male □ Female
(Month/Day/Year)

Place of Birth: _____ **Hospital**: _____ **Certificate No**. (if known) _____
(County or Baltimore City)

Full Maiden Name of Mother: _____

Full Name of Father: _____

ORDER INFORMATION

Number of certificates requested	
Fee per copy*	x $12.00
Amount enclosed	

A non–refundable $12 fee is required for each copy of a certificate.* Send check or money order. **Do not send cash when applying by mail.** When paying by check, you must include a copy of your driver's license or other government-issued photo ID that lists your current address, or other acceptable ID as noted above.

When ordering by mail, send completed application, legible copy of ID, a self-addressed, stamped envelope, and check or money order payable to the DIVISION OF VITAL RECORDS to the Division of Vital Records, P.O. Box 68760, Baltimore, Maryland 21215-0036.

You may also apply for a fetal death record in person, on line, by telephone or by fax. For further information, visit the Vital Statistics Administration website at http://health.maryland.gov/vsa.

*There is no fee for a copy of a certificate of a child of a current or former armed forces member if the copy will be used in connection with a claim for a dependent or beneficiary of the member. Proof of service in the armed forces must be provided.