APPLICATION FOR CERTIFICATE OF STILLBIRTH

Name of Requestor: _____ Today's Date: _____
(person requesting the certificate)

Address: _____ City/State: _____ Zip: _____

Reason for Request (PLEASE BE SPECIFIC): _____ Email: _____

Signature of Requestor: _____ **Phone Number:** _____

***IMPORTANT:** The person requesting the vital record **must** submit a copy of **their identification**. See list on reverse side.

Relationship to person on the Certificate? (Check one)

Self ☐	Father ☐	Maternal Grandparent ☐	Paternal Uncle ☐
Mother ☐	Brother ☐	Paternal Grandparent ☐	Maternal Uncle ☐
Sister ☐	Son ☐	Legal Guardian(submit custody order) ☐	Paternal Aunt ☐
Current Spouse ☐	Daughter ☐	Other (specify) _____	Maternal Aunt ☐

Fees

K.A.R. 28-17-6 requires the following fee(s).

The correct fee must be submitted with the request. The fee for certified copies of stillbirth certificates is $20.00 for each certified copy. This fee allows a 5-year search of the records, including the year indicated plus two years before and two years after, or you may indicate the consecutive 5-year period you want searched. You may specify more than one 5-year span, but each search will cost $20.00.

*** IF THE CERTIFICATE IS NOT LOCATED, A $20.00 FEE *MUST BE RETAINED* BY THIS DEPARTMENT FOR THE RECORD SEARCH.**

Make checks or money orders payable to Kansas Vital Statistics. For your protection, **do not send cash.**

Delivery Information

Full Name at Delivery: _____
First Middle Last Name Required

Date of Delivery: _____ Place of Delivery: _____
City, County, State (must be in Kansas)

Hospital of Delivery: _____ Race: _____ Sex: _____

Full (Maiden) Name of Mother: _____ Birthplace of Mother: _____

Full Name of Father: _____ Birthplace of Father: _____

*IMPORTANT: Please choose one of following options:

☐ Stillbirth/fetal death (Includes cause of death)

☐ Birth resulting in Stillbirth (Does **NOT** include cause of death)

Total order cost:

Number of copies ordered: _____ **$20 per certified copy** $Total: _____

*Requirements-Read before turning in application

1) This request form **must** be completed.

2) Enclose a copy of both front and back of a current legal photo ID (see back for list of acceptable ID's)



3) Enclose appropriate fees

4) Person **requesting** to receive a certificate **must sign above**

5) If submitting by mail, enclose a self-addressed stamped envelope

***Request will be returned if the above steps are not completed correctly**

OFFICE USE ONLY

Type/ID # _____

Station/# of apps _____ Exp _____

Payment Type CASH CHECK CCARD MO

Amount given $ _____ Chg provided $ _____

INITIAL



Walk-in Hours:
Mon-Fri
9:00 a.m-4:00p.m.



Kansas Office of Vital Statistics
1000 SW Jackson Suite 120
Topeka, KS 66612-2221



Office hours:
Mon-Fri 8:00a.m.-5:00 p.m.
Phone: 785-296-1400



VS-239 rev 12/22

Detailed Information

Identification

Requestor's current ID required To Get a Certificate:	Who's Eligible to Obtain Most Certificates: Must provide ID and proof of direct interest
ONE form of Primary Documentation required from list below **Please make a copy of one of the following documents and send with the application. All documents MUST be signed, current and valid. All Identification must have both sides and be able to be read.** ◦ Photocopy of Government Issued Driver's License, Military ID, State ID card, Valid Passport and Visa's. (Not the credit/debit card) ◦ Permanent resident card ◦ Alien registration receipt card ◦ Employment authorization card ◦ Re-entry permit ◦ Refugee Travel Document ◦ VA Card (with intact photo) ◦ Voter's registration card (Countries outside of the U.S.) ◦ Certificate of Naturalization (with intact photo) ◦ Concealed Carry handgun license ◦ Resident Alien card * PLEASE NOTE MATRICULAS ARE NOT AN ACCEPTABLE FORM OF ID	**Eligibility** *By State law, vital records filed with this office are not open for public inspection and the requestor must meet eligibility requirements -- must be named on the record, an immediate family member, or someone who can provide legal proof the record is necessary for the determination of personal or property rights. [K.S.A. 65-2422d]* ◦ Parents ◦ Current Spouse ◦ Adult Children ◦ Grandparents ◦ Siblings ◦ Aunts/Uncles ◦ Niece/Nephew ◦ **Must** be age 18 or older *If legal guardianship has been established through the courts, please provide a copy of the guardianship papers.*

If you do not have a government issued photo ID, you must send photocopies of any two of the following: *Photocopies must be of the complete document, able to be read and be the Requestor's with current address

◦ Temporary Driver's License
◦ Social Security card (must be signed by card holder)
◦ Bank Statement with Requestor's current address
◦ Car Registration or Title with Requestor's current address
◦ Utility Bill with current address of Requestor and company letterhead with company name and address; not handwritten
◦ Current Pay Stub (must include your name, social security number plus name and address of business; not handwritten)
◦ Valid insurance card or policy of Requestor
◦ Valid health insurance card or policy of Requestor
◦ Parole document (book sheet) of Requestor
◦ Bureau of Indian Affairs Tribal ID card of Requestor
◦ Inmate ID of Requestor(along with a memo completed and signed by a counselor or parole officer)
◦ Filed Income Tax of Requestor with current address
◦ Letter to Requestor from Social Service Agency/Health Department or other government agency with current address
◦ Hospital or Health agency bill (with current address) of Requestor
◦ Court Documents of Requestor
◦ W-2 from Employer (with Requestor's current address)
◦ Letter from employer (with Requestor's current address)
◦ U.S. Voters registration card of Requestor

Read: IMPORTANT MISCELLANEOUS INFORMATION

1) Fees expire 12 Months from the date of the request.
2) MULTIPLE REQUESTS FOR DIFFERENT RECORDS MAY BE HANDLED AND MAILED SEPARATELY.

WARNING: COPYING, ALTERING, or FRAUDULENT ACTIVITY PROHIBITED

Except as authorized by the Uniform Vital Statistics Act, no person shall prepare or issue any certificate (vital record) which purports to be an original, certified copy or abstract or copy of a certificate [K.S.A. 65-2422d.(g)]. Vital records identity theft related to obtaining certificates or making, counterfeiting, altering, amending any certified copy of a vital record with the intent to sell or obtain for any purpose of deception a certified copy of a vital record is a severity level 8, nonperson felony. [K.S.A. 21-3830a (d) and K.S.A 21-3830a (e)].