Application for Certificate of Birth Resulting in Stillbirth or Fetal Death

(Revised 08/2026)

PLEASE READ BEFORE COMPLETING THIS FORM

- A copy of a Certificate of Birth Resulting in Stillbirth/ Fetal Death is $10.00 per certified copy.
- A Certificate of Birth Resulting in Stillbirth/Fetal Death is not proof of live birth.
- If submitting the request by mail include this completed application, a copy of the applicant's photo identification, a money order or certified check for the correct fee, payable to the State office of Vital Records. **Do not send cash by mail. Personal checks are not accepted.**

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW

SECTION 1: APPLICANT'S INFORMATION

FIRST NAME OF APPLICANT	MIDDLE NAME OF APPLICANT	LAST NAME OF APPLICANT	GENERATION (JR., II, III, ETC.)

APPLICANT'S RELATIONSHIP TO FETUS (CHECK ONE)

☐ MOTHER ☐ FATHER ☐ LEGAL GUARDIAN ☐ OTHER (SPECIFY) _____

APPLICANT'S ADDRESS

APPLICANT'S PHONE NUMBER	APPLICANT'S EMAIL ADDRESS

SECTION 2: FETAL DEATH INFORMATION

NAME OF FETUS (IF NAMED)

DATE OF DELIVERY	SEX (IF KNOWN)
COUNTY OF DELIVERY	PLACE OF DELIVERY (CITY, STATE, ZIP CODE)
MOTHER'S FULL NAME (AT TIME OF DELIVERY)	FATHER'S FULL NAME (IF LISTED ON CERTIFICATE)

SECTION 3: ELIGIBILITY REQUIREMENTS

To protect the confidentiality of the Certificate of Birth Resulting in Stillbirth (CBRS), the certificate can only be issued to the parent(s) named on the certificate or by a court order issued by a court of competent jurisdiction. The court order must be attached to the request.

A Certificate of Birth Resulting in Stillbirth (CBRS) may be requested for a stillborn child when a fetal death certificate has been filed for a spontaneous fetal death occurring at 20 completed weeks of gestation or more.

A Fetal Death Certificate may be issued only to a child, parent, living spouse, or the next of kin of the decedent (fetus), or the legal representative of an eligible family member. NOTE: Georgia law requires all fetal deaths to be recorded, regardless of the gestation age.

SECTION 4: CERTIFICATE REQUEST TYPE

CHECK ONE:

☐ **Certificate of Birth Resulting in Stillbirth** (Available for eligible stillbirths at 20 or more completed weeks of gestation).

☐ **Certified Copy of Fetal Death Certificate** (Issued to a child, parent, living spouse, or the next of kin of the decedent (fetus), or legal representative of an eligible family member).

SECTION 5: APPLICANT'S SIGNATURE

APPLICANT'S SIGNATURE	DATE (MONTH, DAY, YEAR)