State of Illinois
Illinois Department of Public Health

Application for Illinois Certificate of Birth Resulting in Stillbirth

After each fetal death that occurs in this State after a gestation period of at least 20 completed weeks, the State Registrar of Vital Records shall, only upon request by a parent named on the fetal death certificate, prepare and issue a certificate of birth resulting in stillbirth. ILCS 410/535/20.5(b).

INSTRUCTIONS: Complete this form in full to request a Certificate of Birth Resulting in Stillbirth. Mail completed form and include copy of ID and payment (check or money order).

Certificate of Birth Resulting in Stillbirth Fees **$15.00 first copy** **$2.00 each additional copy** **Amount enclosed $_____ for _____ total copies**	**DO NOT SEND CASH** Make check or money order payable to **ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH).**

BLANK SPACE FOR OFFICE USE		**FETAL DEATH CERTIFICATE NUMBER IF KNOWN** (Not Required)
CHILD'S FULL NAME (First, Middle, Last) As listed on Fetal Death Certificate		
DATE OF ILLINOIS BIRTH (Month, Day, Year)	**PLACE OF ILLINOIS BIRTH** (City and/or County)	**SEX**
MOTHER / CO-PARENT'S NAME (Maiden Name Before First Marriage Required) As listed on Fetal Death Certificate		
FATHER / CO-PARENT'S NAME As listed on Fetal Death Certificate		

NOTE: Certificates of Birth Resulting in Stillbirth are confidential records and copies can only be issued to a parent named on the fetal death certificate. The application must indicate the requester's relationship to the person listed on the fetal death record. For additional information please see reverse side or visit our website at www.dph.illinois.gov/topics-services/birth-death-other-records.

NAME OF INDIVIDUAL REQUESTING COPIES:		**REQUESTER RELATIONSHIP** (Mother, Father, or Parent)		
REQUESTER ADDRESS		**CITY**	**STATE**	**ZIP CODE**
REQUESTER PHONE NUMBER	**REQUESTER EMAIL ADDRESS**			
MAIL TO ADDRESS IF DIFFERENT THAN ABOVE		**CITY**	**STATE**	**ZIP CODE**
SIGNATURE REQUIRED			**DATE**	

Allow at least 12 weeks to receive your document(s). Email dph.vitals@illinois.gov with questions.

MAIL TO: **Complete Form IN FULL, Sign, Include Copy of Identification & Proper Fee**
IDPH Vital Records, 110 West Lawrence Avenue, Springfield, IL 62704-2610
For additional information - www.dph.illinois.gov/topics-services/birth-death-other-records

Adapted by Gifts from Liam
re PA 103-0948

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IDENTIFICATION REQUIREMENTS

In order to process your request through this office we require identification to be provided

A photo copy of a NON-EXPIRED, GOVERNMENT ISSUED PHOTO IDENTIFICATION. Such as a Driver's License, Passport, Active Duty Military ID, Veterans Administration Issued Photo Medical Card, or a Federally issued Tribal ID card. ALL identification MUST have a photo, identifying information such as name, date of birth and an issue and expiration date. If any information is contained on both sides of the ID, ensure a copy of both sides is made.

If your ID has expired and has an extension sticker, ensure a copy of the sticker is also made.

If your ID has expired LESS THAN 6 MONTHS, please include one additional document showing your name and current address created within the last 6 months. Examples include legal mail such as a bill or financial statement sent to your current legal address.

If your ID has expired MORE THAN 6 MONTHS or you DO NOT HAVE VALID ID, you will be required to submit TWO forms of documentation with your name and current legal address listed. Documentation in lieu of an ID must be dated within the last 6 months.

First Item – You must provide one or more of the following; Medical Card, Auto Insurance Card, Voter's Registration Card, Paycheck Stub with Imprinted FULL information, Bank, Financial, or a Credit Card Statement.

Second Item - You must provide a piece of current mail you have received showing your full name and current legal mailing address. Examples include current utility bill, phone bill or bill for services you have received. You may submit multiple pieces of mail however ensure they are from different Agencies or businesses.

If you are currently incarcerated in a State or Federal facility, you will need to submit a dated copy of your prison intake or offender summary sheet containing your photo, name, date of birth and facility information.

If you have been RELEASED from prison WITHIN THE LAST 6 MONTHS, you may provide a copy of your release papers along with a copy of your prison photo ID. Please note that the release papers MUST show an address that you have been released to that matches the address you are using with this office.

SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE

ELIGIBILITY TO OBTAIN AN ILLINOIS STILLBIRTH RECORD

Before a request for a copy of a birth resulting in stillbirth can be considered you must specify your eligibility to obtain it. ILCS 410/535/20.5(b) states that copies of stillbirth records may only be issued upon request by a parent named on the fetal death certificate; after a gestation period of at least 20 completed weeks.

NOTE: *Any person who, willfully and knowingly uses or attempts to use, or furnishes to another for use, for any purpose of deception, any certificate, record, report, certification or certified copy thereof so made, altered, amended, or mutilated; or, Any person who with the intention to deceive, willfully uses or attempts to use any certification or certified copy of a record of birth knowing that such certification or certified copy was issued upon a record that is false in whole or in part or that relates to the birth of another person is guilty of a Class 4 felony in the State of Illinois (ILCS 410/535/27 (f)).*

Illinois Law (ILCS 410/535/25 (1)) requires advanced payment for the search of death record files.

Fees are subject to current Illinois Statute and administrative policy and may be non-refundable.