



State of Illinois
Illinois Department of Public Health

Application for Illinois Certificate of Birth
Resulting in Stillbirth

Certificate of Birth Resulting in Stillbirth Fees

\$15.00 for one certified copy

+ \$2.00 for each additional copy

Amount enclosed: \$ _____ for _____ total copies

DO NOT SEND CASH – Make check of money order payable to **ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

Section A. Infant's Birth Information

INFANT'S FULL LEGAL NAME (First, Middle, Last) as listed on Fetal Death Certificate

INFANT'S DATE OF BIRTH (Month, Day, Year)

INFANT'S SEX AT BIRTH (M/F)

**PLACE
OF BIRTH**

NAME OF HOSPITAL (if birth did not occur at an institution, street address)

CITY OR TOWN

STATE

Illinois (IL)

COUNTY

MOTHER/CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last)

MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

FATHER/CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last)

FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)

Section B. Applicant's Information

NAME (First, Middle, Last)

DRIVER'S LICENSE or STATE ID CARD NUMBER (photocopy enclosed)

ISSUING STATE

STREET ADDRESS (for mailing requested records)

CITY OR TOWN

STATE

ZIP CODE

ARE YOU A PARENT NAMED ON THE INFANT'S FETAL DEATH CERTIFICATE? *Only a parent named on the fetal death certificate may request a Certificate of Birth Resulting in Stillbirth.*

☐ Yes

☐ No

I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE REPRESENTATIONS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature _____

Date _____

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