



Request for Certified Copy of a Certificate of Birth Resulting in a Stillbirth

Hours: Monday - Friday 8:00 AM to 4:30 PM 801-851-7005

WARNING: It is a criminal violation to make false statements on vital records request forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. (Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6)

INSTRUCTIONS

1. A request form must be completed for each birth requested.
2. There is a fee of \$18.00 (**made payable to UCHD**) for each search of our files. Duplicate certified copies of this record ordered at the same time are \$10.00 each.
3. Send the completed request form, required fee, and a photocopy of your current photo ID to Utah County Health Department, Vital Records, 151 S. University Ave. #1100, Provo, Utah 84601.
4. If the requestor does not respond to any correspondence from Vital Records within 90 days, Vital Records may retain all monies paid.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE

DATE OF DELIVERY

PLACE OF DELIVERY (City)

(County)

Hospital

BIRTH PLACE OF DECEDENT (State or County)

DATE OF BIRTH OF DECEDENT

USUAL RESIDENCE OF DECEDENT (City & State)

FULL **BIRTH NAME** OF PARENT

FULL **BIRTH NAME** OF PARENT

REQUESTOR

RELATIONSHIP: **I am** (please check one) Parent Sibling Spouse Child Grandparent Grandchild
Other (Specify)

If other, reason for requesting certificate:

Your Signature:

Date:

Printed Name:

Telephone:

Street:

City:

State:

Zip Code:

Email:

NUMBER OF CERTIFIED COPIES REQUESTED

Regular Certificate

\$18.00

Additional Certified Copies (\$10 each)

TOTAL FEE

If this order is to be mailed, please **PRINT** the name and mailing address below:

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For OFFICE USE ONLY (do not write below this line)

PAID: Cash Check Money Order **FOR CREDIT CARD:** (2.645% fee applied paid by customer minimum of \$1.50)\$1.50

Certified Paper #: _____

Name on card: _____ Exp. Date: _____

Request #: _____ Clerk's Initials: _____

Card #: _____ 3-Digit Code: _____

Teller: _____ Trans #: _____

Signature: _____

Revised: 03/2024