



FETAL DEATH CERTIFICATE REQUEST FORM

Certificates are available for 2 years after event.
After 2 years please contact the Alameda County Recorder's Office.

Select one option if **requesting in person**: Pickup
*Fees collected are **NON-REFUNDABLE** Mail it to applicant

FEE PER CERTIFIED COPY IS: \$23.00

1 Fetal Death Record Information

BN#: **LRN:**

First Name		Middle Name		Last Name	
City of Death – <u>BERKELEY, CA</u> No refund if record not found		Gender	Date of Death		No. of Copies
Parent's First Name		Parent's Middle Name		Parent's Birth Last Name	
Parent's First Name		Parent's Middle Name		Parent's Birth Last Name	

2 Applicant Information (Requestor) (Please print clearly)

Full Name of Applicant Requesting Record				Reason for request	
Address (Number, Street)				Apt # / Unit	Telephone Number ()
City	State	Zip Code	Country (If outside of USA)		

3 Instructions

- Effective February 1, 2016, the Berkeley, Vital Records Office will only maintain records for 2 years from the date of the event.
- Certified copies of Fetal Death including Confidential Information portion can **ONLY** be issued to those persons identified in H&S Code Section 102430.
- Complete a separate application form for each baby.
- Complete the **Applicant Information** section. In the **Fetal Death Record Information** section, provide all the information available to identify the fetal death record. If the information you furnished is incomplete or inaccurate, we may not be able to locate the fetal death record.
- If no fetal death record is found, the non-refundable fee collected will be retained for searching the record (as required by law) and a **Certificate of No Public Record** will be issued to the applicant. If you are mailing your request, indicate the number of certified copies you wish and include the correct fee(s) in the form of a personal check, postal, or bank money order (international money order only accepted for out-of-country requests) made **payable to the City of Berkeley**.

4 Notice

If you applied by mail and did not receive the requested certificate(s), you must file a claim with our office within 3 months of your original request. After 3 months, our office will not accept any claims of lost mail and you will have to submit another request with the required fee.

5 Contact Information

City of Berkeley - Office of Vital Statistics
1947 Center Street Berkeley, CA 94704
Telephone: (510) 981-5320, Fax: (510) 981-5395,
Email: vitalrecords@cityofberkeley.info
Website: www.cityofberkeley.info/vitalstatistics

PLEASE LEAVE THIS SPACE BLANK

FOR VITAL STATISTICS USE ONLY