



# Application for Certified Copy of a Kentucky Stillbirth Certificate

Please fax completed form to **866-283-7477**.

## Certificate Information

Name of Child: \_\_\_\_\_  
(First) (Middle) (Last)

Father's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Mother's Maiden Name: \_\_\_\_\_  
(First) (Middle) (Maiden Last)

\*Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female \*County/City of Event: \_\_\_\_\_  
\*Certificates are available from 1911 to present. Fort Campbell births from 11/22/1982 to present are considered Tennessee events.

Reason for Request: \_\_\_\_\_ \*Number of Copies: \_\_\_\_\_ (First copy - \$6)  
\*Limit 5 copies per order (Add'l copies - \$6)

Hospital (if known): \_\_\_\_\_

Attending Physician's Name (if known): \_\_\_\_\_  
(First) (Middle) (Last)

Funeral Service Provider (if known): \_\_\_\_\_  
(Name of Establishment, Address, Telephone Number)

## Applicant Information

Your Relationship to Certificate Holder:  Mother  Father  Other (Specify): \_\_\_\_\_

Ship To Name: \_\_\_\_\_  
(First) (Middle) (Last)

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Shipping Method (select one):  \*UPS Next Day Air (\$17.50) Delivered in approximately 3-5 business days  
 Regular Mail (\$0.00) Delivered in approximately 7-10 business days

## Billing Information

Order Fees	
First Copy	\$ 6.00
Add'l Copies (\$6 ea.) <small>*Limit 5 copies per order</small>	\$ _____
VitalChek Processing Fee	\$ 10.50
Shipping Fee	\$ _____
<b>Order Total</b>	<b>\$ _____</b>

\*Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\* Type of credit cards accepted: Visa / MasterCard / American Express / Discover

Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_