



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)
Add'l copies - \$6
*Limit 5 copies per order

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	\$ _____
Order Total	\$ _____

*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: _____