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

<table>
<thead>
<tr>
<th>Order Fees</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Copy</td>
<td>$6.00</td>
</tr>
<tr>
<td>Add'l Copies ($6 ea.)</td>
<td>$________</td>
</tr>
</tbody>
</table>
| *Limit 5 copies per order
| 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: ___________