



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

Application for Certificate of Birth Resulting in Stillbirth

Date: _____

Number of Copies: _____
Enclose \$15.00 for each copy.

Full Name of Stillborn (if named): _____
First Middle Last

Date of Delivery: _____ Sex: Male _____ or Female _____
Month Day Year

Place of Delivery: _____
City County State

Name of Hospital (if delivered in hospital): _____

Full Maiden Name of Mother: _____

Last Name of Mother at Time of Birth: _____

Name of Father: _____

Signature of Mother or Father Making Request: _____

Telephone number and email where you may be reached for additional information:

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IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

A fee of \$15.00 is charged for the search of the records even if no record is found, and includes one copy if the record is filed in this Office. **Do not send cash.** Send a check or money order made payable to Tennessee Vital Records. **In addition, unless this application is notarized, you must send a photocopy of a government issued ID showing your signature.** If you have not received a response within 60 days, please call Tennessee Vital Records at 615-741-1763 or write to the address below.

PH-4107 (Revised 2/2019)

RDA SW16

FILL OUT BELOW - - - DO NOT DETACH

Please remember to include the Fee and a Copy of your ID.

(Note: The request will be returned if not included.)

PRINT name and address of person to whom the copy is to be mailed.

SEND TO:

Name

Tennessee Vital Records
710 James Robertson Parkway
1st Floor, Andrew Johnson Tower
Nashville, TN 37243 - 1219

Address or Route

City State Zip Code