## New Jersey Department of Health Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370

## REQUEST TO PLACE ON FILE A CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

Per R. S. 26:6-11 the State Registrar shall establish a Certificate of Birth Resulting in Stillbirth for an unintended, intrauterine fetal death occurring within the State of New Jersey after a gestational period of 20 or more weeks upon request by the parents, by completing Section I below. The completed form may be filed with the State Registrar directly by the parents or through a Licensed Health Care Professional who has completed Section II. Completed forms are to be sent to the State Registrar at the address listed above.

Licensed health care professionals include, but are not limited to, the following: the doctor who was present at the time of delivery, the family physician, a bereavement counselor.

Certified copies of certificates of birth resulting in stillbirth are available from the period 1969 to the present. Events which occurred prior to 1969 were not reported and therefore certificates for events prior to 1969 cannot be provided. Parents may indicate in Section I that they wish to purchase certified copies via this request. If certified copies are requested, please remit payment, made payable to "State Registrar" in the amount of \$25.00 for the first certificate and \$2.00 for each additional copy. PLEASE DO NOT SEND CASH! Please allow 4 to 6 weeks for processing of your request; the certificate(s) will be mailed to the address provided in Section I. Future requests for certified copies may be requested at the State Registrar's Office or the Office of Vital Records in the municipality where the event occurred. Please include a photocopy of one of the parents' driver's license as proof of identity.

If the record on file indicates that no name was given, the certificate will be issued in the same manner. Parents who wish to amend the record to add a name may do so by filing a Correction to an Original Birth, Marriage or Death Certificate form (REG-34) with the State Registrar's Office. Copies of the REG-34 form may be obtained from the Local Registrar's Office in your New Jersey municipality, or from the State Registrar's office.

A birth resulting in stillbirth that occurred in the State of New Jersey but has not been registered within one year after the date of delivery may be placed on file and registered as a delayed report, provided that verifiable proof of the delivery is submitted. Certified copies of delayed reports shall be noted as Delayed Certificates of Birth Resulting in Stillbirth.

	SECTION I - TO B	E COMPLETED	BY PARENT	(S)	
Name of Parent(s)		Telephone Number			
Mailing Address	City			State Zip Code	
Certified Copy Requested?  No  Yes - Quantity:	Signature of Applicant			Da	te of Application
	INFORMATION ON E	BIRTH RESULTIN	G IN STILLBIR	TH	
Full Name, if Given					☐ Name Not Given
Place of Delivery (City, Town or	Township)		County		
Date of Delivery	Name of Hospita	al (Optional)			
Mother's Full Maiden Name	Name of C	Name of Other Parent (if recorded on the record)			
SECTION II - TO BE	COMPLETED IF THE FORM IS	S SUBMITTED VI	A A LICENSED	HEALTH CAF	RE PROFESSIONAL
Submitted by (Name of Licensed Health Care Professional) (PRINT)			Те	Telephone Number	
Title					

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