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: ____________________________

Month Day Year

Sex: Male _____ or Female _____

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:

( ) ____________________________ @ ____________________________

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

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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:

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

Name

Address or Route

City State Zip Code