

**North Carolina Department of Health and Human Services
Division of Public Health • N.C. Vital Records**

Mail: NCOVR
ATTN: Fetal Death
1903 Mail Service Center
Raleigh, NC 27699-1900

<https://vitalrecords.nc.gov>
Telephone: 919-733-3000

Location: 225 North McDowell St.
Raleigh, NC 27603-1382

Application for a Copy of a North Carolina Report of Fetal Death *and/or* Certificate of Birth Resulting in Stillbirth

The Vital Records office will issue copies of Fetal Death Reports on file for events occurring July 1, 2001–forward along with a Stillbirth Certificate if requested. According to G.S. 130A-114, if the fetal death occurred in this State prior to July 1, 2001, the State Registrar may not issue a Certificate of Birth Resulting in Stillbirth unless the customer's application for the certificate is accompanied by a certified copy of the Fetal Death Report.

A Stillbirth Certificate costs \$24 for events occurring prior to 2001. A Report of Fetal Death search also costs \$24 and includes one copy if a certificate is located. The search covers a three-year period. **This search fee is non-refundable.** There is a \$15 fee for each additional certificate copy requested from the same search. If you want same-day walk-in service, an additional \$15 expedited processing fee is required. Make your certified check or money order payable to "N.C. Vital Records." **Please do not send cash in the mail. Personal checks are not accepted.** If you have questions, our telephone number is 919-733-3000.

Please Print Identification of the person requesting a certificate is required. See page 2 for a list of acceptable IDs.

Full Name of Fetus <i>(If named)</i>	_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>
Date of Delivery	____/____/____ <i>Month Day Year</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Delivery	_____ <i>City County</i>		
Full Name of Father/Parent	_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>
	_____ <i>Last Name prior to first marriage, if applies</i>		
Full Name of Mother/Parent	_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>
	_____ <i>Last Name prior to first marriage, if applies</i>		

<u>ORDER CERTIFICATES HERE</u>		<u>Indicate Type of Reports/Certificates Needed and Quantity</u>	
Fetal Death Report search and first copy x \$24	\$ _____	Fetal Death Report	
____ Number of additional copies from the same search x \$15	\$ _____	<input type="checkbox"/> Certified	_____
Fetal Death Report search/first copy and Stillbirth Certificate x \$24	\$ _____	(Suitable for legal purposes)	
____ Number of additional copies from the same search x \$15	\$ _____	<input type="checkbox"/> Uncertified	_____
Stillbirth Certificate (prior to 2001) first copy x \$24	\$ _____	(Not suitable for legal purposes)	
____ Number of additional copies from the same search x \$15	\$ _____	Stillbirth Certificate	
<input type="checkbox"/> Add \$15 for processing changes to Fetal Death Report	\$ _____	<input type="checkbox"/> Certified	_____
<small>Certified check or money order only if mailing in. Cash and debit/credit cards permitted in person.</small>	\$ _____	(Suitable for legal purposes)	
<small>Check one: <input type="checkbox"/> Amendment <input type="checkbox"/> Paternity—no fee required</small>	\$ _____	<input type="checkbox"/> Uncertified	_____
	\$ _____	(Not suitable for legal purposes)	
Amount Due \$ _____		Total Number of Reports/Certificates Needed	_____
		<i>(Total must match quantity ordered at left)</i>	

Fetal Death Report	Stillbirth Certificate
<i>Your relationship to the person whose Fetal Death Report is requested: (Check One)</i>	<i>Released only to parents in accordance with G.S. 130A-114</i>
<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Authorized agent, attorney or legal representative <input type="checkbox"/> Parent/Stepparent of the person listed (Proof REQUIRED) <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (<i>may not be entitled to a certified copy</i>) Specify _____	<input type="checkbox"/> Parent

I hereby certify that all the above information is true to the best of my knowledge. Note: It is a felony violation of North Carolina Law (G.S. 130A-26A) to make a false statement on this application or to unlawfully obtain a copy or a certified copy of a vital record.

_____ <i>Signature of Person Requesting the Certificate</i>	_____ <i>Print Name of Person Requesting the Certificate</i>
_____ <i>Street Address or P.O. Box (P.O. Box cannot be used for expedited shipping.)</i>	_____ <i>Date Signed</i>
_____ <i>City, State and Zip Code</i>	_____ <i>(Area Code) Telephone Number (During business hours)</i>

Office Use Only: SFN _____ DCN _____ Cartridge/Frame _____
Amount received: \$ _____ Identification presented _____
Request number _____ Request date _____

Order Certificate

A certificate search costs \$24 and includes one copy if the certificate is located. The search covers a three-year period. Requests are processed in the order received and can take up to five weeks plus the mail delivery time. The search fee is required to process a request and is non-refundable even if a record cannot be located.

For current processing times for requests, see our website at <https://vitalrecords.nc.gov/processing-dates.htm>.

Identification Requirement

Due to identity theft and other fraudulent use of vital records, **ID of the person requesting a certificate is REQUIRED. Requests that do not include ID will be returned. You MUST include a legible photocopy of one of the photo IDs listed below with your request:**

- Current state-issued driver's license (address must match requestor's address on application)
- Current state-issued non-driver photo ID card (address must match requestor's address on application)
- Current Passport or Visa (must include photo)
- Current U.S. military ID
- Current Department of Corrections photo ID card dated within the last year
- Current state or U.S. government agency photo ID card (for persons requesting certificates as part of that agency's business)
- Current student ID card with copy of transcript

If you do not have one of the IDs listed above, you must provide legible photocopies of TWO of the following (must be two DIFFERENT forms of ID):

- Temporary driver's license
- Current utility bill with current address
- Car registration or title with current address
- Bank statement with current address
- Pay stub with current address
- Income tax return/W-2 form showing current address
- Letter from government agency dated within the last six months and showing current address
- State-issued concealed weapon permit showing current address

If you are unable to meet our ID requirements, a family member or other person who is entitled to obtain the certificate, and who can meet the ID requirements, may request it.

A list of persons entitled to obtain certificates is located on our website at

<https://vitalrecords.nc.gov/faqs.htm>.