



UTAH DEPARTMENT OF HEALTH
UTAH COUNTY HEALTH DEPARTMENT

REQUEST FOR CERTIFIED COPY OF A
CERTIFICATE OF BIRTH RESULTING IN STILLBIRTH

Hours: Monday - Friday 8:00 AM - 4:30 PM (801) 851-7005

Vital records validation
only

WARNING: It is a criminal violation to make false statements on vital records request forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. (Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6)

INSTRUCTIONS

- 1. A request form must be completed for each birth requested.
- 2. There is a fee of \$15.00 for each search of our files. Additional certified copies of this record ordered at the same time are \$8.00 each.
- 3. Send the completed request form, required fee, and a photocopy of your current photo ID to UtahCounty Health Department, Vital Records, 151 S. University Ave. #1100, Provo, Utah 84601.
- 4. If the requestor does not respond to any correspondence from Vital Records within 90 days, Vital Records may retain all monies paid.
- 5. **When you receive your certificate(s) please take the time to review the entire record for accuracy.** Copies can only be replaced within 90 days from the issuance date.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE _____
DATE OF DELIVERY _____
PLACE OF DELIVERY (City) _____ (County) _____ (Hospital) _____
FULL NAME OF FATHER _____ BIRTH DATE _____
BIRTHPLACE OF FATHER _____
FULL MAIDEN NAME OF MOTHER _____ BIRTH DATE _____
BIRTHPLACE OF MOTHER _____

REQUESTOR

RELATIONSHIP: **I am:** (Please circle one) Mother Father Sibling Grandparent Other (Specify) _____
Reason For Requesting Certificate: _____
Your Signature _____ Date _____
Printed Name _____ Telephone Number _____
Your Address _____
(City, State & Zip)

NUMBER OF CERTIFIED COPIES REQUESTED

1 Certified Copy \$ **15.00**
_____ **Additional** Certified Copies (\$8.00 each) + \$ _____
TOTAL FEE \$ _____

(If this order is to be mailed, please **PRINT** the name and mailing address below)

FOR OFFICE USE ONLY (do not write below)

PAID: CHECK CASH MONEY ORDER VISA/MC

Paper# _____ Clerks Initials _____
Req.# _____

Vital Records Label Only