

**APPLICATION FOR  
CERTIFIED COPY OF FETAL  
DEATH RECORD**

Vital #

Init.

Complete a separate application for each fetal death record requested. Complete all sections of the application including your printed name and signature where indicated on the form. If the information is incomplete or inaccurate, we may not be able to locate the record. Provide all the information you have available to identify the fetal death record. Submit \$21 for each copy requested; if no record is found, the fee will be retained and a Certificate of No Record will be issued. Make all checks and money orders payable to Madera County Recorder. "Certificates of Still Birth" may only be issued by the Madera County Public Health department or the CDPH.

Mail completed application and fees to:  
  
Madera County Recorder  
200 W. 4th Street  
Madera, CA 93637

Completed certificates will be returned using the U.S Postal Service.

<b>APPLICANT INFORMATION (Please Print or Type)</b>			
Printed Name of Person Requesting Record	Agency Name (if applicable)	Date	Telephone Number
Mailing Address - Number, Street	City	State	Zip Code
ID Information (Office use only)	Number of Copies Requested	x \$21 each	
		Amount Due	

<b>FETAL DEATH RECORD INFORMATION (Please Print or Type)</b>		
First Name on Certificate	Middle Name	Last Name
Date of FETAL DEATH	City or Town of FETAL DEATH	Place of FETAL DEATH - County <b>MADERA COUNTY</b>
Full Name of Parent (Father/Parent)		
Full Name of Parent (Mother/Parent)		
Stillborn's Gender (check one)		Relationship to Stillborn
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary

I, \_\_\_\_\_, hereby request the certified fetal death record of the above named individual.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at Madera, California.

\_\_\_\_\_  
Applicant Signature