

## **Frequently Asked Questions Regarding the: Certificate of Birth Resulting in a Stillbirth**

**Question:** Does the State require birth certificates for all stillbirths?

**Answer:** No. However, under a new law passed by the Montana Legislature 50-15-208 MCA, gives parents who have experienced a pregnancy loss resulting in a stillbirth the option to request that “A Certificate of Birth Resulting in a Stillbirth” be created and issued.

**Question:** Who can request that a certificate be created?

**Answer:** Only the parents, who have experienced a pregnancy loss resulting in a stillbirth, provided that the stillbirth reached a minimum of 20 weeks gestation.

**Question:** How can a person request that a certificate be created?

**Answer:** The hospital where the stillbirth occurs after January 1, 2008 and meets the fetal death filing requirement of 350 grams will automatically have a certificate created. If it does not meet the requirement of 350 grams but has reached a minimum of 20 weeks gestation, parents will need to direct the hospital to file a certificate.

A funeral home assuming responsibility for final disposition, upon request of the parents may file the certificate with the Office of Vital Records.

If not requested in the hospital or funeral home, the parents may contact the Office of Vital Records for instructions on how to file a certificate.

**Question:** Do I need to decide right now?

**Answer:** No. The mother or father can make a request at any time to the Office of Vital Records. The Office of Vital Records will still create a certificate, provided that the Parents have satisfied the additional documents required to file the certificate to meet filing requirements.

**Question:** Can I get a certificate if I had a stillbirth before January 1, 2008?

**Answer:** Yes. Contact the Office of Vital Records to get information on how to file the certificate and what documentation is needed to substantiate the stillbirth.

**Question: What happens with the Certificate after it is created?**

**Answer:** By law, the Certificate of Birth Resulting in a Stillbirth is filed at the Department of Public Health and Human Services, Office of Vital Records where other vital records pertaining to birth, death and fetal death are maintained.

**Question: Who may get a copy of this certificate from the Office of Vital Records?**

**Answer:** By law, certified copies may only be issued to the mother and the father listed on the Certificate. Certified copies are available only from the Office of Vital Records at the address listed below. You may request a certified copy from the Office of Vital Records at any time. A fee will apply.

**Question: Who may I contact for more information?**

**Answer:** Montana Department of Public Health and Human Services  
Office of Vital Records  
111 N Sanders, Rm 6  
PO Box 4210  
Helena, MT 59604  
(406) 444-2685



# Department of Public Health and Human Services

Public Health and Safety Division ♦ Financial Services & Operations Bureau

Office of Vital Records ♦ 111 N Sanders Rm 6 ♦ PO Box 4210 ♦ Helena, MT 59604-4210

Phone: (406) 444-2685 ♦ Fax: (406) 444-1803

**Steve Bullock, Governor**

**Richard H. Opper, Director**

## **Parents information for requesting a copy of a Certificate of Birth Resulting in a Stillbirth**

On January 1, 2008, Montana State Law 50-15-208 gives parents who have experienced a pregnancy loss resulting in a stillbirth the option to request that a Certificate of Birth Resulting in a Stillbirth can be created and issued. The Office of Vital Records can only issue copies of a certificate to the mother or the individual listed as the father at the time of the stillbirth.

1. Those stillbirths which occur after January 1, 2008 and meet the fetal death filing requirement of 350 grams will automatically have a certificate of birth resulting in a stillbirth filed. Stillbirths that do not meet the fetal death filing requirements but occurs after a minimum of 20 weeks gestation can only be created at the request of a parent.
  - a. If requested in the hospital, the hospital must file the certificate.
  - b. If not requested in the hospital but a funeral home assumed responsibility for final disposition, the funeral home may file the certificate.
  - c. If not requested in the hospital and a funeral home is not involved, contact either the Local County Registrar or the Office of Vital Records.
2. For stillbirths that occurred before January 1, 2008 contact the Office of Vital Records.

To request a copy of the Certificate of birth Resulting in a Stillbirth or to get information regarding the Certificate of Birth Resulting in Stillbirth, contact the Montana Office of Vital Records at:

Montana Office of Vital Records  
PO Box 4210  
Helena MT 59604  
(406) 444-2685

**PLEASE READ THESE INSTRUCTIONS CAREFULLY**

**WHO CAN ORDER A CERTIFICATE OF BIRTH RESULTING IN A STILLBIRTH?**

Only the parent's listed on the Birth Resulting in a Stillbirth Certificate may obtain a certify copy of a record.

**IDENTIFICATION IS REQUIRED**

The person signing the request must provide an enlarged legible photocopy of both sides of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

**Suggested Identification**

Picture ID with a Signature	OR Two Forms of ID – One MUST have a Signature	OR
<ul style="list-style-type: none"> <li>• Driver's License</li> <li>• State ID Card</li> <li>• Passport</li> <li>• Military ID Card</li> <li>• Tribal</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Work ID Card</li> <li>• Car registration/Insurance</li> <li>• Doctor/Medical record</li> <li>• Fishing License</li> <li>• US Military DD214</li> <li>• Utility Bill with a current address</li> <li>• Voter Registration Card</li> </ul>	<ul style="list-style-type: none"> <li>• Credit/Debit/ATM Card</li> <li>• School ID Card</li> <li>• Library Card</li> <li>• Insurance Record</li> <li>• Pay Stub</li> <li>• Traffic/ Pawn ticket</li> <li>• Court record</li> <li>• Year Book</li> </ul>
		<ul style="list-style-type: none"> <li>• Notarized Montana Office of Vital Statistics Statement to Identify certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy)</li> <li>• Have an authorized family member that has an ID order the certificate</li> </ul>

If a picture ID with a signature is not available, two other forms of identification are required; one **MUST** have a signature. Please include photocopies of **both sides** of the ID when mailing your request

**IMPORTANT: If the identification requirement is NOT met or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.**

**FEE (All fees must be U.S. funds)**

- **CERTIFIED COPIES OF A CERTIFICATE OF BIRTH RESULTING IN A STILLBIRTH** cost \$12.00 for the first copy, \$5.00 for each additional copy of the same record. (non-refundable)

**PLEASE MAKE CHECKS PAYABLE TO: MONTANA VITAL RECORDS**

**Please complete the following information.**

**FULL** First, Middle and Last Name on Stillbirth certificate: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_ Place of Delivery(City or County): \_\_\_\_\_

Mother's **Full Maiden** Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ # of copies needed

Your relationship to the certificate holder : \_\_\_\_\_ ( mother, father etc) Reason the Stillbirth Certificate is needed: \_\_\_\_\_

**Mailing or Delivery Address:**

Name: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

**Notary (For use if needed)**

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Notary Public in and for the State of \_\_\_\_\_  
 Residing at \_\_\_\_\_ My commission Expires \_\_\_\_\_

SEAL

**Official Use Only**

Date \_\_\_\_\_  
 Rec# \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Cert # \_\_\_\_\_  
 Ser # \_\_\_\_\_  
 Comment \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USE OR ATTEMPT TO USE THIS CERTIFICATE FOR ANY PURPOSE OF DECEPTION. (50-15-114, MCA)**