



Request Form provided by Share Pregnancy & Infant Loss Support, Inc.
For more information regarding Share contact
National Share Office • 402 Jackson Street • St. Charles, MO 63301-2893
636-947-6164 800-821-6819 Fax: 636-947-7486
www.nationalshare.org E-mail: info@nationalshare.org

Request for a Certificate of Birth Resulting in Stillbirth

To: MO Department of Health & Senior Services
Bureau of Vital Records
P.O. Box 570
Jefferson City, MO 65102
573-751-6400

Date: _____

I am writing to obtain a Certificate of Birth Resulting in Stillbirth for personal records. Enclosed is a \$15 U.S. check or U.S money order payable to MO Department of Health & Senior Services.

Baby's Full Name: _____

Weight: _____ Length: _____

Baby's Gender: [] Male [] Female

Mother's Name: _____

Maiden Name: _____

Father's Name: _____

Date of Delivery: _____

Place of Delivery (County) : _____

Place of Burial: _____

Relationship to Person on Record: [] Mother [] Father [] Other _____

Please mail Certificate to:

Name: _____

Address: _____

Phone: _____

The above information is intended only for the Bureau of Vital Records in attaining a Certificate of Birth Resulting in Stillbirth, and is not intended for any other purpose. This information is private and may not be used for other reasons without expressed written consent.

State of _____)

SS:

County of _____)

On this _____ day of _____ in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

Notary Public