



San Bernardino County Recorder-Clerk

222 W. Hospitality Lane, 1st FLR

San Bernardino, CA 92415

Phone Number: 909-387-8306 • Web Address: arc.sbcounty.gov

Application for Certified Copy Fetal Death Certificate (\$23.00 each)

INFORMATION: San Bernardino County only has records of fetal deaths that occurred in San Bernardino County. Please contact the county in which the event is registered or contact the California State Office of Vital Records – M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone Number (916) 445-2684.

INSTRUCTIONS:

1. Complete a separate application for each fetal death record requested.
2. Complete the **Applicant Information** section and provide your signature where indicated. In the **Fetal Death** Information section, provide all the information you have available to identify the fetal death record. If the information you provide is incomplete or inaccurate, the record might not be located. If you require documentation that the fetal death record **does not** exist, check the box for **CNPR** (Certificate of No Public Record) Request.

PAYMENT OPTIONS: Submit \$23.00 for each copy requested. If no fetal death record is found, the fee will be retained for searching the record (H&S Code Section 103650) and a “Certificate of No Public Record” will be issued to the applicant. Indicate the number of copies needed. Payment made in person may be made by cash, check, postal or bank money order, cashier’s check made payable to the San Bernardino County Recorder-Clerk. Payment can also be made by credit card, subject to a \$2.50 vendor service fee.

FETAL DEATH INFORMATION-(Legibly Print or Type) Complete the information below as shown on the fetal death record, to the best of your knowledge. By signing, you understand that the exact spelling of the name has been provided or you will be charged for each additional name searched.			
FETAL DEATH FIRST Name		MIDDLE Name	LAST Name
City/Town of Fetal Death (must be San Bernardino County)		County of Fetal Death	
Date of Fetal Death (MM/DD/CCYY (If unknown, enter the approximate date of fetal death):			
Father/Parent FIRST Name		MIDDLE Name	LAST Name
Mother/Parent FIRST Name		MIDDLE Name	LAST Name
APPLICANT INFORMATION – (Legibly Print or Type)			
Purpose of Request		Number of Copies	<input type="checkbox"/> Check this box for CNPR Request
Agency Name (if applicable)		Agency Case Number	
Print Name of Applicant		Mailing Address – Number, Street, or Unit #, if applicable	
City		State	Zip Code
Daytime Telephone Number – Area code First		Country	E-mail Address
Name of Person Receiving Copies		Mailing Address for Copies	
City		State	Zip Code
Applicant Signature			Date
BELOW SECTION FOR RECORDER’S USE ONLY			
Date Processed	Type of ID and Identifying Numbers	Local Registration Number	Records Tech. Initials