CITY OF NEW HAVEN

Health Department



165 Church Street, Suite 154 • New Haven, Connecticut 06510 • 203-946-8084

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

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NAME OF FETUS AS IT APPEARS ON CERTIFICATE							
DATE OF DELIVERY	CITY OF DELIVERY		F HOSPITAL (If delivery occurred outside of a hospital, list the street address e delivery occurred)				
MOTHER'S FULL NAME				MOTHER'S BIRTH SU	JRNAME		
FATHER'S FULL NAME (This item may	be left blank if mother was unmarried ar	nd Acknowled	dgement of Paternity was not c	completed)			
PERSON MAKING THIS REQUEST:							
NAME:FIRST		MIDDLE			LAST		
FIRST		MIDDLE			LAST		
ADDRESS:							
		NUME	BER/STREET/UNIT				
TOWN/CITY:			STATE	:	ZIP CODE:		
TELEPHONE #·	EMAIL ADDRE	ESS:					
TELET HORE #.							
In accordance with Connecticut law, acc	cess to fetal death certificates is restricted	. (See Conn. G	Gen. Stat. § 7-51)*				
RELATION TO FETUS:		SIGNATUR	E:				
		31010111011					
Attach a copy of the requester's valid	government issued photo ID or		Checklist				
passport below:			This request form				
Or two (2) forms of the following:							
Social security (SS) card Paycheck Stub or a W-2 form showing SS # Current			FEE: \$20.00 per certificate. Submit a money order made payable to the City/Town (refer to the Town or DPH website cited above. DO NOT MAIL CASH OR PERSONAL CHECKS – they will not be accepted.				
school or college photo ID Automobile registration			Covernment issued ab	nata ID av altarnativ	o ID documents Proof of the		
Copy of utility bill or bank statement showing name and address			Government issued photo ID or alternative ID documents Proof of the relationship that allows access to the fetal death				
See our website ct.gov\dph for other forms of acceptable ID			certificate. Note that a parent named on the fetal death certificate does not need to				
			submit proof of relation	onsnip.			
to the following eligible parties: (A) The per emancipated pursuant to sections 46b-150 the birth or fetal death occurred, or the chie resident at the time of the birth or fetal de conservator of the person appointed for su an agent of a state or federal agency as app	gistrars of vital statistics shall restrict access to some whose birth is recorded, if such person is 0 to 46b-150e, inclusive; (B) such person's chief executive officer's authorized agent; (D) the eath, or the director's authorized agent; (E) at each person; (G) a member of a genealogical so proved by the department; and (I) a research Request in to the general public. You must be eligible	(i) over eighted ld, grandchild, grandchild le local director ttorneys-at-law ociety incorporater approved by a Fetal Death	en years of age, (ii) a certified hom l, spouse, parent, guardian or grand of health for the town or city whe w representing such person or sud rated or authorized by the Secreta y section 19a-25.	neless youth, as defined dparent; (C) the chief e ere the birth or fetal dea ch person's parent, gua ury of the State to do b	in section 7-36, or (iii) a minor executive officer of the municipality where the occurred or where the mother was a urdian, child or surviving spouse; (F) a usiness or conduct affairs in this state; (H)		
 You are the parent or grandpa 	arent						
You are an attorney-at-law rep	presenting the parent						
• You are a member of an incorporated genealogical society authorized to conduct business in the State of Connecticut If you are requesting a fetal death certificate and you are not a parent named on the certificate, you will need to submit proof verifying that you are eligible to obtain the fetal death certificate.							
Checklist for Obtaining a Certified	l Copy of a Fetal Death Certificate						
\square Complete the application							
☐ Include your photo ID							
Provide documentation proving that you are entitled to obtain the fetal death certificate (applicable if requester is not the parent listed on the fetal death certificate)							
☐ Include the applicable fee							