

**APPLICATION FOR A STILL-BIRTH CERTIFICATE  
AFTER REGISTRATION**

**For Registration Use Only**

Register No.	Entry No.	Certificate No.
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Date of Issue

TO THE REGISTRAR OF BIRTHS AND DEATHS HAVING CUSTODY OF THE REGISTER

**1. DETAILS OF PERSON APPLYING FOR THE CERTIFICATE**

(The mother of the still-born child, or the father/parent† if named as such in the register entry may apply)

Mr  
Your full name Mrs.....  
Miss  
Ms

Relationship to the still-born child:  
mother/father/parent†  
(delete as appropriate)

Your postal address.....

..... Post Code ..... Telephone No .....

**2. DETAILS OF STILL-BIRTH CERTIFICATE REQUIRED**

FULL NAME AT BIRTH (IF ANY)                      forename(s)                      surname

PLACE OF BIRTH (full address or name of hospital)

DATE OF BIRTH

Day	Month	Year

FATHER'S FULL NAME                      forename(s)                      surname  
(if recorded)

PARENT'S FULL NAME†                      forename(s)                      surname  
(if recorded)

MOTHER'S FULL NAME                      forename(s)                      surname

3. Signature ..... Date .....

† "Parent" means the mother's female partner who under the Human Fertilisation and Embryology Act 2008 is to be treated as a parent of the child.