

# Application for Commemorative Certificate of Nonviable Birth

Only the parent(s) of a nonviable birth may obtain a commemorative certificate of nonviable birth.

## **PLEASE TYPE OR PRINT LEGIBLY**

Full name of baby (if chosen) \_\_\_\_\_

*If no name is chosen commemorative certificate will reflect the name Baby and the last name of the patient.*

Month, day, and year of loss \_\_\_\_\_

City or town of loss \_\_\_\_\_ County of loss \_\_\_\_\_

Father Full Current Legal Name (if known) \_\_\_\_\_

Mother Full Current Legal Name \_\_\_\_\_

### SIGNATURE OF REQUESTOR

Type or print name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

Today's Date \_\_\_\_\_

**(Please enclose a photocopy of your photo ID [i.e. current driver's license] when mailing in this request).**

### FOR OFFICE USE ONLY

Check       MO       Cash

Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_

By Whom Received \_\_\_\_\_

### PROOF OF IDENTIFICATION;

DL                      STATE ID                      OTHER

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies \_\_\_\_\_ x \$19.00 each = \$ \_\_\_\_\_ Total

**(Please make checks payable to Vital Records)**

Mail to:  
Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

Bring to:  
Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621