

## Worksheet for Nonviable Birth Commemorative Certificate

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

***PLEASE TYPE OR PRINT LEGIBLY***

Full name of baby (if named) \_\_\_\_\_ (Gender (if known) \_\_\_\_\_)

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

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

Mother Full Current Legal Name (first, middle, last, suffix) \_\_\_\_\_

Father Full Current Legal Name (first, middle, last, suffix) (if known) \_\_\_\_\_

Health Care Facility verifying above information \_\_\_\_\_

\_\_\_\_\_  
Printed name of Licensed Healthcare Practitioner or Designee Verifying  
Above Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Healthcare Practitioner or Designee Verifying Above Information