

STATE OF IOWA

IOWA DEPARTMENT OF PUBLIC HEALTH - *Bureau of Health Statistics*

APPLICATION REQUEST for Certificate of Nonviable Birth

Only the **patient** who experiences a nonviable birth may apply for a Certificate of Nonviable Birth. Applicant must submit the completed Certification of Nonviable Birth form, copy of government issued photo ID, payment and request form. See reverse for more ordering instructions.

PART 1 – TO BE COMPLETED BY APPLICANT (PATIENT). Type or print legibly in black ink.

Name of Baby (if named)	
Gender (if known)	
Date of Nonviable Birth (Month, Day, Year)	
Health Care Facility verifying event (Name & City)	
Patient's Name	
Second Parent's Name	
Applicant's Name & Phone Number (Print legibly)	<i>Phone Number</i>
Applicant's Address (Street Address <u>and</u> P.O. Box, if any)	(City, Town, or Location) (County) (State & Zip Code)
The fee is \$15.00 and the documents will be mailed to the address listed above.	
Request paid by (check one) <input type="checkbox"/> Check <input type="checkbox"/> Money Order	
Email Address of Applicant	

NOTARIZATION. Sign legibly and date only in front of a Notary Public. You must show the Notary your valid, current government-issued photo identification and sign your full name as it appears on your I.D.

I certify that I am the applicant named above, and the information provided above is accurate and complete to the best of my knowledge. I further state that per Iowa Code section 144.31B, I am entitled to receive the certificate of nonviable birth.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____

(NOTARY SEAL)

State of _____ County of _____ ss

Signed and affirmed in my presence on this ____ day of _____, _____.

_____, My commission expires: _____

Notary Public Signature

Certificate of Nonviable Birth - Ordering Information

- A health care provider who attends or diagnoses a nonviable birth or a hospital at which a nonviable birth occurs shall advise a patient who experiences a nonviable birth that the patient may request a Certificate of Nonviable Birth, and upon request by the patient, shall provide a letter certifying the nonviable birth to the patient.
- **The completed Certification of Nonviable Birth form, copy of government issued photo ID, payment and request form shall be mailed to:**

**Bureau of Health Statistics
321 E. 12th St, Lucas State Office Building
Des Moines IA 50309**

- The bureau shall issue the Certificate of Nonviable Birth within 60 days of receipt of the certification letter and completed request.
- If the baby is not named, the Certification of Nonviable Birth shall show the name of “baby boy” or “baby girl” and the last name of the patient. If the gender is unknown, the department shall complete the certificate with the name “baby” and the last name of the patient.
- The Certificate of Nonviable Birth must show **“This certificate is not proof of live birth.”**
- The Certificate of Nonviable Birth shall not be required to be filed or registered with the Bureau of Health Statistics.
- The Certificate of Nonviable Birth shall not be used to establish, bring or support a civil cause of action seeking damages against any person for bodily injury, personal injury, or wrongful death for a nonviable birth.
- **Only the patient who experiences the nonviable birth is entitled to order a Certificate of Nonviable Birth.**
- The cost is \$15 to order a Certificate of Nonviable Birth.
- A Certificate of Nonviable Birth may be requested for nonviable births occurring on or after **January 1, 2000**.