

**STATE OF IOWA**

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

**OFFICE USE ONLY**

Application ID \_\_\_\_\_

# Certification of Nonviable Birth

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

<b>Name of Baby</b> (if named) First		Middle, if any	Last ( <i>Surname</i> )	Suffix ( <i>Jr., II, III, IV, V</i> )
<b>Gender</b> (if known)	<b>Date of Nonviable Birth</b> ( <i>Month, Day, Year</i> )		<b>Health Care Facility verifying event</b> ( <i>Name &amp; City</i> )	
<b>Patient's Name</b> First		Middle, if any	Last Name ( <i>Surname</i> )	Suffix ( <i>Sr., II, III, IV, V</i> )
<b>Second Parent's Name</b> First		Middle, if any	Last Name ( <i>Surname</i> )	Suffix ( <i>Sr., II, III, IV, V</i> )

**PART 2 – TO BE COMPLETED BY HEALTH CARE PROVIDER.** Type or print legibly in black ink.

<b>Health Care Provider who attended or diagnosed nonviable birth</b> (print)				
<b>Health Care Provider Address</b> <i>(Street Address and P.O. Box, if any)</i>		<i>(City, Town, or Location)</i>	<i>(County)</i>	<i>(State &amp; Zip Code)</i>
<b>Signature of Health Care Provider certifying event</b>				

## GENERAL INFORMATION

- *“Nonviable birth”* means an unintentional, spontaneous fetal demise occurring after demonstration of a doppler-detected heartbeat and prior to the twentieth week of gestation during a pregnancy that has been verified by a health care provider.
- 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 and request shall be mailed to:

**Bureau of Health Statistics  
321 E. 12<sup>th</sup> 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.**