



# Tennessee Department of Health

## Worksheet and Application for Commemorative Certificate of Nonviable Birth

Only the patient of a nonviable birth may request a commemorative certificate.

### **PLEASE TYPE OR PRINT LEGIBLY**

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

*If no name is chosen commemorative certificate will reflect the name Baby Boy or Baby Girl (or Baby if gender is unknown) and the last name of the patient.*

Month, day, and year of nonviable birth \_\_\_\_\_

Sex  Male  Female  Unknown Total No. Weeks of Gestation \_\_\_\_\_

City or town of nonviable birth \_\_\_\_\_ County of nonviable birth \_\_\_\_\_

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

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

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

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

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

Type or print name of Requestor: \_\_\_\_\_

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

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

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_

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

SIGNATURE OF REQUESTOR: \_\_\_\_\_

Certified Copies  
\$15 Each

No. of Copies \_\_\_\_\_

Fees are subject to  
change without notice.

Please check our  
website to verify fees:

<https://www.tn.gov/health/health-program-areas/vital-records/certificate.html>

(Please make checks  
payable to Vital Records)

#### **Mail Completed/Signed Worksheet and Application To:**

**Office of Vital Records  
First Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243**

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