

**ARKANSAS DEPARTMENT OF HEALTH**  
**Vital Records Section-Slot 44**  
**4815 West Markham Street**  
**Little Rock, AR 72205**

Date \_\_\_\_\_

**BIRTH CERTIFICATE RESULTING IN STILLBIRTH APPLICATION**

Only Arkansas births are recorded in this office. There are a limited number of birth records filed in this office prior to February 1, 1914.

**Birth records can be requested online, by telephone, by mail, or in-person.**

The fee is \$12.00 for the first copy ordered and \$10.00 for each additional copy of the same record. If no record is found, \$12.00 will be kept to cover the search charge. Only the names and dates listed will be searched for the \$12.00 fee. Names and other dates submitted later will require an additional \$12.00 non-refundable fee.

List Below All Possible Dates and Names Under Which the Certificate May be Registered		(Type or Print)	
1 Full Name at Birth	First Name	Middle Name	Last Name
2 Date of Birth	Month	Day	Year
3 Place of Birth	City or Town	County	State
	Name of Hospital or Street Address		
4 Full Name of Father	First Name	Middle Name	Last Name
5 Full Maiden Name of Mother (Name Before Marriage)	First Name	Middle Name	Last Name

What is your relationship to the person whose certificate is being requested?

**Signature and telephone number of person requesting this certificate.**

X

**Certificates may be ordered by the following methods:**

**(All requests require identity verification)**

**Internet:** [ar.gov/vitalrecords](http://ar.gov/vitalrecords) A \$5.00 non-refundable processing fee and a \$1.85 identification verification fee will be charged in addition to any expedited shipping options selected. Fees and shipping costs can be paid by debit or credit card (VISA, Mastercard, Discover, or American Express). Requests typically take 3-4 weeks from the date your order is approved plus shipping.

**Telephone:** Toll free (866) 209-9482. The service fee and the certificate fee are charged to your debit or credit card (Visa, Master Card, Discover or American Express). Overnight shipping is available for an additional fee.

**Mail:** Mail this application, a copy of your photo ID, and your check or money order to:

**Arkansas Department of Health**  
**Vital Records Section-Slot 44**  
**4815 West Markham Street**  
**Little Rock, AR 72205**

The fee must be sent along with the application. Make the check or money order payable to the Arkansas Department of Health. **DO NOT SEND CASH.** Please allow 7-14 days for processing by mail.

**Walk-in:** Bring your photo ID and this completed application to the office. Orders are accepted for same day issuance from 8:00 A.M. until 4:00 P.M. Monday through Friday. The office is located at 4815 West Markham St. Little Rock, AR 72205. Please order family history and genealogy by mail or online.

**Please PRINT the name and address of the person receiving this request on the line below.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW MANY

**1st copy costs \$12.00**  
**Each additional copy costs \$10.00**

**AMOUNT OF MONEY ENCLOSED \$ \_\_\_\_\_**

Any person who willfully and knowingly makes any false statement in an application for a certified copy of a vital record filed in this state is subject to a fine of not more than ten thousand dollars (\$10,000) or imprisoned not more than five (5) years, or both.  
 (Arkansas Statutes 20-18-105).