

Certificate of Nonviable Birth Information

In 2023, House Bill (HB) 213 was enacted into law. HB 213 established requirements and a process for issuance of certificates of nonviable birth. These requirements are codified under sections 50-15-101 and 50-15-403 of the Montana Code Annotated. Additionally, the Department has promulgated administrative rules as to the form, content, and process for issuance of certificates of nonviable birth. *See* ARM § 37.8.306.

A nonviable birth is defined as an unintentional, spontaneous fetal demise occurring after a heartbeat is detected but prior to the 20th week of gestation of a pregnancy that has been verified by a health care provider. Mont. Code Ann. § 50-15-101.

A request for issuance of a certificate of nonviable birth must be made by a parent within 60 days of the nonviable birth by completing the Application for Certificate of Nonviable Birth and providing a copy of the parent(s) government issued photo ID by mail to:

**Montana Office of Vital Records
111 N Sanders, Rm 6
PO Box 4210
Helena MT 59604**

The Office of Vital Records will issue a certificate of nonviable birth following receipt of a completed Application for Certificate of Nonviable Birth that meets the requirements of HB 213 and the Department's administrative rules. The Department's refusal to issue a certificate of nonviable birth based upon failure of a person to provide information required by the Department's administrative rules is a final agency action not subject to review under the Montana Administrative Procedure Act. Mont. Code Ann. § 50-15-403.

All certificates of nonviable birth are required to contain the statement **“This certificate is not proof of a live birth.”**

A certificate of nonviable birth is a private commemorative document and is not a public record.

For additional information please see:

- [HB 213](#)
- [ARM 37.8.306](#)



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
Office of Vital Records

Application for Certificate of Nonviable Birth

Only the parent(s) of a nonviable birth may request a certificate of Nonviable Birth

PLEASE TYPE OR PRINT LEGIBLY

Full name of baby (if chosen) _____

If no name is provided, the certificate of nonviable birth will reflect the name "Baby Boy" or "Baby Girl" (or "Baby" if the sex of the child is unknown) and the last name of the parent.

Month, day and year of loss _____

Sex Male Female Unknown

Under 20 Weeks of Gestation

County of loss _____

Parent's (Patient's) Full Current Legal Name (First, Middle, Last) _____

Second Parent's Name Full Current Legal Name (First, Middle, Last, if known) _____

Today's Date: _____

Type or print name of Requestor: _____

Street Address: _____

City, State, Zip: _____

Daytime Telephone Number (_____) _____

Email address: _____

Under section 50-15-101, MCA, a nonviable birth means an "unintentional, spontaneous fetal demise occurring after a heartbeat is detected but prior to the 20th week of gestation of a pregnancy that has been verified by a health care provider." I hereby certify this is a nonviable birth as defined under the statute.

Signature of Requestor: _____

Mail Completed/Signed Worksheet and Application To:

Montana Office of Vital Records
111 N Sanders, Rm 6
PO Box 4210
Helena, MT 59602

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