Mother’s worksheet for creating a fetal death report

The information provided on this worksheet will be used to create a record of this pregnancy. Please complete this information carefully and completely.

### Mother or gestational carrier’s information

<table>
<thead>
<tr>
<th>Current first name</th>
<th>Current middle name</th>
<th>Current last name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name before first marriage (first)</td>
<td>Name before first marriage (middle)</td>
<td>Name before first marriage (last)</td>
<td></td>
</tr>
<tr>
<td>Birthplace – State or foreign country</td>
<td>Birthplace – City</td>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Physical address of residence (include city and zip code)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County of residence</td>
<td>If not within city limits, name of township</td>
<td>Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Mailing address</td>
<td>☐ Same as residence address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you legally married now, or were you divorced or widowed during this pregnancy? ☐ Yes ☐ No

### Baby’s information

You can give your baby any name you choose. Legally, it is permissible to give your child the last name of either parent, or any name of your choosing. Names print on certificates in all capital letters. Apostrophes and hyphens can be placed between two letters, but not at the beginning or end of a name. No other special characters are permitted.

<table>
<thead>
<tr>
<th>Baby’s first name</th>
<th>Baby’s middle name</th>
<th>Baby’s last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Sex</td>
<td>☐ Single ☐ Twin ☐ Triplet ☐ Other (specify)</td>
</tr>
<tr>
<td>If not a single, indicate birth order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of this birth and birth attendant’s name</td>
<td>☐ Hospital ☐ Residence ☐ Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

### Father or second parent’s information

<table>
<thead>
<tr>
<th>Current first name</th>
<th>Current middle name</th>
<th>Current last name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td>Birthplace – State or foreign country</td>
<td>Birthplace – City</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Mailing address</td>
<td>☐ Same as other mother’s address</td>
<td></td>
</tr>
</tbody>
</table>

REV 11/2019

Please complete both sides of this form.
Please complete both sides of this form

Additional information
For birth record research. This information does not print on the certificate.

Did you participate in WIC nutritional program during this pregnancy?
☐ Yes  ☐ No
If yes, what month of pregnancy did WIC begin?
(1st, 2nd, 3rd, etc.)

Smoking – Did you smoke cigarettes 3 months before or during this pregnancy?
☐ Yes  ☐ No
If yes, indicate number of ☐ cigarettes or ☐ packs per day
_____ 3 months before  _____ First trimester
_____ Second trimester  _____ Third trimester

Both parents’ demographics - Education
Check the box that best describes your highest level of school completed at the time of this baby’s birth

Mother/Parent 1  Father/Parent 2
☐  8th grade or less
☐  9th – 12th grade, no diploma
☐  High school graduate or GED completed
☐  Some college credit, but no degree
☐  Associate Degree (e.g., AA, AS)
☐  Bachelor’s degree (e.g., BA, AB, BS)
☐  Master’s degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐  Doctorate’s degree (e.g., PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Both parents’ demographics – Hispanic origin
Check all that apply

Mother/Parent 1  Father/Parent 2
☐  No, not Spanish/Hispanic /Latina/Latino
☐  Yes, Mexican, Mexican American
☐  Yes, Puerto Rican
☐  Yes, Cuban
☐  Yes, Other Hispanic (e.g., Salvadoran, Dominican, Colombian) (specify) ______________________

Both parents’ demographics – Race/ethnicity
Check all that apply

Mother/Parent 1  Father/Parent 2
☐  White
☐  Black or African American
☐  Somali
☐  Liberian
☐  Kenyan
☐  Nigerian
☐  Ethiopian
☐  Sudanese
☐  Ghanaian
☐  Other African (specify) ______________________

☐  American Indian or Alaska Native (specify name of enrolled or principal tribe) ______________________
☐  Asian
☐  Asian Indian
☐  Chinese
☐  Filipino
☐  Japanese
☐  Korean
☐  Cambodian
☐  Hmong
☐  Laotian
☐  Vietnamese
☐  Other Asian (specify) ______________________

☐  Pacific Islander
☐  Native Hawaiian
☐  Guamanian or Chamorro
☐  Samoan
☐  Other Pacific Islander (specify) ______________________

☐  Other Race (specify) ______________________