

## 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		
Current first name	Current middle name	Current last name <span style="float: right;">Suffix</span>
Name before first marriage (first)	Name before first marriage (middle)	Name before first marriage (last)
Birthplace – State or foreign country	Birthplace – City	Date of birth / /
Physical address of residence (include city and zip code)		
County of residence	If not within city limits, name of township	Social Security Number - -
Mailing address <input type="checkbox"/> Same as residence address		
Are you legally married now, or were you divorced or widowed during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Baby's information		
<i>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.</i>		
Baby's first name	Baby's middle name	Baby's last name
Date of birth / /	Sex <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other _____	If not a single, indicate birth order
Place of this birth and birth attendant's name		<input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify)

Father or second parent's information		
Current first name	Current middle name	Current last name <span style="float: right;">Suffix</span>
Date of birth / /	Birthplace – State or foreign country	Birthplace – City
Social Security Number - -	Mailing address <input type="checkbox"/> Same as other mother's address	

**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?  
(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 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

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> 8 <sup>th</sup> grade or less   |
| <input type="checkbox"/> | <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma                                    |
| <input type="checkbox"/> | <input type="checkbox"/> High school graduate or GED completed   |
| <input type="checkbox"/> | <input type="checkbox"/> Some college credit, but no degree  |
| <input type="checkbox"/> | <input type="checkbox"/> Associate Degree (e.g., AA, AS)   |
| <input type="checkbox"/> | <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)  |
| <input type="checkbox"/> | <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)                                     |
| <input type="checkbox"/> | <input type="checkbox"/> 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

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> No, not Spanish/Hispanic /Latina/Latino                                      |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, Mexican, Mexican American   |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, Puerto Rican  |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, Cuban   |
| <input type="checkbox"/> | <input type="checkbox"/> Yes, Other Hispanic (e.g., Salvadoran, Dominican, Colombian) (specify) _____ |

**Both parents' demographics – Race/ethnicity**

Check all that apply

Mother/Parent 1

Father/Parent 2

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> <b>White</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>Black or African American</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> Somali  |
| <input type="checkbox"/> | <input type="checkbox"/> Liberian  |
| <input type="checkbox"/> | <input type="checkbox"/> Kenyan  |
| <input type="checkbox"/> | <input type="checkbox"/> Nigerian  |
| <input type="checkbox"/> | <input type="checkbox"/> Ethiopian   |
| <input type="checkbox"/> | <input type="checkbox"/> Sudanese  |
| <input type="checkbox"/> | <input type="checkbox"/> Ghanaian  |
| <input type="checkbox"/> | <input type="checkbox"/> Other African (specify) _____   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>American Indian or Alaska Native</b> (specify name of enrolled or principal tribe) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> <b>Asian</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> Asian Indian  |
| <input type="checkbox"/> | <input type="checkbox"/> Chinese   |
| <input type="checkbox"/> | <input type="checkbox"/> Filipino  |
| <input type="checkbox"/> | <input type="checkbox"/> Japanese  |
| <input type="checkbox"/> | <input type="checkbox"/> Korean  |
| <input type="checkbox"/> | <input type="checkbox"/> Cambodian   |
| <input type="checkbox"/> | <input type="checkbox"/> Hmong   |
| <input type="checkbox"/> | <input type="checkbox"/> Laotian   |
| <input type="checkbox"/> | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> | <input type="checkbox"/> Other Asian (specify) _____   |
| <input type="checkbox"/> | <input type="checkbox"/> <b>Pacific Islander</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> Native Hawaiian   |
| <input type="checkbox"/> | <input type="checkbox"/> Guamanian or Chamorro   |
| <input type="checkbox"/> | <input type="checkbox"/> Samoan  |
| <input type="checkbox"/> | <input type="checkbox"/> Other Pacific Islander (specify) _____  |
| <input type="checkbox"/> | <input type="checkbox"/> <b>Other Race</b> (specify) _____   |