

Appendix D: Sample forms — Certificate of Live Birth

ype or print in anent black ink e handbook for instructions.	τ.	CENTE	R FOR	HEALTH STA	TISTICS	1	³⁶⁻ S	AMPL+	_
instructions.	Local File Number	CERT	IFICA	TE OF LIVE	BIRTH		State	File Number	•
1.	. CHILD — NAME (First, Middle, Le	ast, Suffix)			2. TIME OF		SEX 4.	DATE OF BIRTH (Month)	, Year)
HILD 5	a. FACILITY — NAME (If not an insti	itution, give street and num	nber)	5b. CITY, TOWN, C	DR LOCATION OF BIR	(24 hr) TH		5c. COUNTY OF BIRTH	
6	a. MOTHER'S CURRENT LEGAL NA	AME (First, Middle, Last,	Suffix)				6b. DATE OF	F BIRTH (Month, Day, Year)	
66	c. MOTHER'S NAME PRIOR TO FIR	ST MARRIAGE (First, M	fiddle, Last, S	Suffix)			6d. BIRTHPL	ACE (State, Territory, or Foreig	ın Count
THER _	e. RESIDENCE OF MOTHER — STA	ATE 6f. COUN	NTY		6g. CITY, TOW	N. OR LOCA	TION		
								L CLUMOIDE CITY	HAITE
> 61	h. STREET AND NUMBER					6i. ZIP	JOUE	6j. INSIDE CITY I	Yes
THER 7	a. FATHER'S CURRENT LEGAL NAM	ME (First, Middle, Last, Su	iffix)	7b. DATE	OF BIRTH (Month, L	lay, Year)	7c. BIRTHPLA	ACE (State, Territory, or Foreig	ın Count
	 a. I certify that this child was born aliv stated above. 	ve at the place and time an	d on the date	8b. DATE SIGNED	(Month, Day, Year)	c. CERTIFIE	R — NAME AN	ND TITLE (Type or print.)	
TIFIER 8	SIGNATURE SIGNAT	NT AT BIRTH IF OTHER TH	HAN	8e. CERTIFIER'S N	MAILING ADDRESS	(Street, City or T	Town, State, Zip)	
_	CERTIFIER (Type or print.) Ba. DATE FILED BY REGISTRAR			9b. REGISTRAR -	SIGN AT PEA				
ľ	III. DATE FILED BY REGISTRAN			D. REGISTION -	SAM	1PL			
RMANT 1	 I certify that the personal informal knowledge and belief. (Signature 			t to the best of my	0b. INFORMANTS	A IONS II	P TA CHILD		
	•								
							•		
			\sim		·	-			
		INFORMATIO	N FOR M	EDICAL AND HE	ALTH USE ONL	Y			
12.	. MOTHER'S MAILING ADDRESS: Same as residence, QR : S	INFORMATIO	N FOR M		ALTH USE ONL	Υ			
IED -	Same as residence, OR :	State:	N FOR M		own, or Location:			Zip Code:	
IED -	Same as residence, OR: S MOTHER MARRIED (at birth, conce- between, or 300 days prior to the bir	State: Street & Number: uption, any time th of the child)?		City, T		RITY NUMBE	R REQUESTE		
IER 13.	Same as residence, OR: S MOTHER MARRIED (at birth, conce	State: Street & Number: poption, any time th of the child)? LEDGMENT BEEN SIGNE		City, T	own, or Location:	RITY NUMBE	□No		
13. 16.	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IF NO, HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU 3. OF HISPANIC ORIGIN? (Check** VIII 1998) (State: Street & Number: ption, any time th of the child)? LEDGMENT BEEN SIGNE	D?	City, T	own, or Location: 14. SOCIAL SECU FOR CHILD?	RITY NUMBE	□ No FATHER'S SOC	D- 15. FACILITY'S NPI	
13. 16.	Same as residence, OR: S MOTHER MARRIED (at birth, conce- between, or 300 days prior to the bir- IF NO, HAS PATERNITY ACKNOWL MOTHER'S MEDICAL RECORD NO	State: Street & Number: ption, any time th of the child)? LEDGMENT BEEN SIGNE	D? 17. MOTHE	City, T	own, or Location: 14. SOCIAL SECU FOR CHILD?	RITY NUMBE	□ No FATHER'S SOC	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed)	
13. 16. 19a	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IF NO, HAS PATERINTY ACKNOWL MOTHER'S MEDICAL RECORD NU OF HISPANIC ORIGIN? (Check "Y (If yes," specify all that apply, e.g., Puerto Rican, etc.)	State: Street & Number: ption, any time th of the child)? LEDGMENT BEEN SIGNE	17. MOTHE	City, T	own, or Location: 14. SOCIAL SECU FOR CHILD?	RITY NUMBE	No FATHER'S SOO	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed)	
13. 16. 19a 19t	Same as residence, OR: S MOTHER MARRIED (at birth, concepted between, or 300 days prior to the bir IF NO, HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU OF HISPANIC ORIGIN? (Check 'V (If 'yes.' specify all that apply, e.g., Puerfo Rican, etc.) D. Yes No Specify a. DATE OF FIRST PRENATAL CARE	State: Street & Number: pption, any time th of the child? LEDGMENT BEEN SIGNE IMBER Yes* or "No") Cuban, Moxican, E VISIT? (Month, Day, Yee No Prenatal Car	D? 17. MOTHE 20. Rr (S 20a. 20b. 20b. L	City, T	own, or Location: 14. SOCIAL SECUTOR CHILD? YNUMBER American Indian, etc. YNUMBER TAL CARE VISIT? (Month, Day, Year)	RITY NUMBE Yes 18. ii	ONO ATHER'S SOCIO 2 2 TAL NUMBER EGNANCY?	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. Db. OF PRENATAL VISITS FOR (If none, enter '0'.)	
13. 16. 19a 19k	Same as residence, OR: S MOTHER MARRIED (at birth, concepted between, or 300 days prior to the bir IP NO, HAS PATERNITY ACKNOW, MOTHER'S MEDICAL RECORD NU. OF HISPANIC ORIGIN? (Check *Y (if yes, specify all had apply, e.g., Puerto Rican, etc.) D Yes No Specify D Yes No Specify D As No Specify D As DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT?	State: Streef & Number: pplon, any time th of the child; LEDGMENT BEEN SIGNE IMBER (as " or "No") Cuban, Mexican, EVISIT? (Month, Day, Ye. No Prenatal Car 24. MOTHER'S PRE-F	D? 17. MOTHE 20. R/s 20a. 20b. 20b. 22b. Er	City, T Yes No No R'S NA POET OF MAR SA SA OATE OF LAST PRENA WEIGHT? 25, MOTI ((pounds))	14. SOCIAL SECUTOR CHILD? Y NUMBER American Indun, etc. TAL CARE VISITS (Month, Day, Yoar) HER'S WEIGHT AT DI	RITY NUMBE Yes 18. i 18. i 22c. TO PR ELIVERY? (pounds)	ATHER'S SOCIO	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If noire, enter '0'.) TITIER GET WIC FOOD FOR NO	HERSELF
16. 198 ER 190 ER 220. 27.	Same as residence, OR: S MOTHER MARRIED (at birth, concepted between, or 300 days prior to the bir IP NO, HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU 10. OF HISPANIC ORIGIN? (Check "Y (If yes, speedly all had apply," e.g., Durte Rican, etc.) D. Yes No Specify 10. ON Specify 11. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.)	State: Street & Number: pipion, any time th of the child? LEDOMENT BEEN SIGNE MBER Cuban, Mexican, EVISIT? (Month, Day, Yee, No Prenatal Cal 24, MOTHER'S PRE-F 28, NUMBER OF OTHER (Spontaneous or India)	20. R. (S 20a. 20b. 20b. 22b. C PREGNANCY R 20MES 20ed 10sses	City, T Yes No Yes No R'S STALL SEGURIT ACE CO MAN Blazi DATE OF LAST PRENA (WEIGHT? 25, MOT (pounds) 29. CIGARETTE SM For each time pe number of packs	TAL CARE VISITY (Month, Day, Year) OKING BEFORE AND TO digarities smoked.	RITY NUMBE Yes 18. 22c. TO PR ELIVERY? (pounds) DURING PR umber of ciga	TAL NUMBER EGNANCY? 26. DID MO Yes EGNANCY rettes or the TITER *0'.	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter '0'.) IYHER GET WIC FOOD FOR 30. PRINCIPAL SOURCE PAYMENT FOR THIS	HERSELF
13. 16. 19a 19k	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IR NO, HAS PATERNITY ACKNOW! A. OF HISPANIC ORIGIN? (Check 'Y (If 'yes' specify all that apply, e.g., rount of lean, etc.) D. Yes No Specify D. Yes No Specify D. Yes No Specify D. ATE OF FIRST PRENATAL CARR MOTHER'S HEIGHT? ((lect/inches) NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.) a. Number Now Living: Number Now Living:	State: Street & Number: ption, any time th of the child? LETOMENT BEEN SIGNE MBER As or 'NO' Cuban, Mexican, E VISIT? (Month, Day, Yee No Pranatal Car 24. MOTHER'S PRE-E, PREGNANCY OUT. (Spontaneous or indiv	D? 17. MOTHE 20. R. (S 20a. 20b. 20b. EPREGNANCY R. (CMES succed losses es)	City, T Yes No Yes No RS No R	TAL CARE VISITO (Month) Day, Year) OKING BEFORE AND OF Gigarities simoked, of cigarettes or packed.	RITY NUMBER Yes 18. i 22c. TO PR ELIVERY? (pounds) DURING PR Immber of cigarettes of cigarettes 10 cigarettes	TAL NUMBER EGNANCY _ 28. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. DF PRENATAL VISITS FOR (If none, enter '0'.) THER GET WIC FOOD FOR NO 30. PRINCIPAL SOURCE PAYMENT FOR THIS PAYMENT FOR THIS Medicaid	HERSELF
13. 16. 19a 19k	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IF NO, HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU MOTHER'S MEDICAL RECORD NU (If yes, specify all that apply, e.g., Puerfo Rican, etc.) D. Yes No Specify a. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? (Ideal/inches) NUMBER OF PREVIOUS LIVE BIRTHS (DO not include this child.) a. Number Now Living:	State: Street & Number: pption, any time the of the child!? LEDOMENT BEEN SIGNE IMBER Coban, Moxican, EVISIT? (Month, Day, Yee No Prenatal Can 24. MOTHER'S PRE-1 28. NUMBER OF OTHER PREGNANCY OUTC (Spontaneous or indie) or ectopic pregnancie	D? 17. MOTHE 20. R. (S 20a. 20b. 20b. EPREGNANCY R. (CMES succed losses es)	Yes No	TAL CARE VISITS (Month) Day. Year) TAL CARE VISITS (Month) Day. Year) OKING BEFORE ANY fold, greaters of cigarettes smoked, of cigarettes smoked of cigarettes smoked of cigarettes smoked of cigarettes or packs after the cigarettes of packs and control of cigarettes or packs after the cigarettes of packs and control of cigarettes or packs after the cigarettes of	RITY NUMBER Yes 18. I 18. I DELIVERY? (pounds) DURING PE NONE. É of cigarettes of cigarettes	TAL NUMBER EGNANCY? 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PREMATAL VISITS FOR: (If none, enter '0'.) THER GET WIC FOOD FOR NO 30. PRINCIPAL SOURCE PRYMENT FOR THIS y. Private Insurance	HERSELF
13. 16. 198 198 198 198 197 197 197 197 197 197 197 197 197 197	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IP NO, HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU. OF HISPANIC ORIGIN? (Check "V (if yes: specify all that apply, e.g., Puerto Rican, etc.) D. Yes No Specify D. Yes No Specify D. ATTERNITY REPORT ACKNOW! MOTHER'S HEIGHT? (RedVinches) NUMBER OF PREVIOUS LIVE BIRTHS (De not include this child.) a. Number Now Living: None D. Number Now Living: None	State: Street & Number: pilpon, any time th of the child? LEDGMENT BEEN SIGNE MBER Cuban, Mexican, E VISIT? (Month, Day, Yea 24. MOTHER'S PRE-F 28. NUMBER OF OTHER (Spontaneous or indior ectopic pregnanci Number of Other Ou None	20. R. (S 20a. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20b	Ves No Ves No Ves No R'S IAL BEGLIRIT ACE Cod Mile Beglir ACE COD MILE ACE COD MILE BEGLIR ACE COD MILE ACE COD MILE BEGLIR AC	TAL CARE VISITE (Month, Day, Year) THER'S WEIGHT AT DO CIGNETES STOKEN TO CIGNETES STOKE	RITY NUMBER Yes 18. i 18	TAL NUMBER EGNANCY? _ 22 DID MO _ Yes EGNANCY? _ 12 FBR Of the first o	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. DOF PRENATAL VISITS FOR (If none, enter '0'.) THER GET WIC FOOD FOR NO 30. PIRINCIPAL SOURCE PAYMENT FOR THIS Medicaid Self-pay Other (Specify) MAL MENSES BEGAN	HERSELF
HER 13. 16. 1988 ER 190 221 27. 276 271 316	Same as residence, OR: S MOTHER MARRIED (at birth, concepted between, or 300 days prior to the bir IP NO. HAS PATERNITY ACKNOW! A. OF HISPANIC ORIGIN? (Check "V (If yes, "specify all that apply, e.g., puerto Rican, etc.) D. Yes No Specify B. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? (Real/inches) NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.) B. Number Now Dead: None D. Number Now Dead: D. Number Now Dead:	State: Street & Number:	D? 17. MOTHE 20. R. (S 20a. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20c. 20b. 20c. 20c.	City, T Yes No Yes No R'S STALL SEGURIT ACE CO MAN SHAP POPULATE OF LAST PRENA WEIGHT? 25, MOTI (pounds) 29. CIGARETTE SM For each time pe number of packs Average number Three months be First Trimester of Second Trimester Thrid Trimester's FLAST OTHER PREGI Year)	TAL CARE VISITE (Month, Day, Year) THER'S WEIGHT AT DO CIGNETES STOKEN TO CIGNETES STOKE	22c. TO ELIVERY? (pounds) DURING Primore of cigarettes of cigarett	No 2: 2: 2- TAL NIMBER EGNANCY? 2- 2- BONANCY 2- 2- BONANCY 2- BO	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. DOF PRENATAL VISITS FOR (If none, enter '0'.) THER GET WIC FOOD FOR NO 30. PIRINCIPAL SOURCE PAYMENT FOR THIS Medicaid Self-pay Other (Specify) MAL MENSES BEGAN	OF DELIVER
HER 13. 16. 19a 19k HER 221 276 276 316	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IP NO. HAS PATERNITY ACKNOW! a. OF HISPANIC ORIGIN? (Check 'Y (if 'yes.' specify all that apply, e.g., Puerto Ricina, etc.) b. Yes No Specify c. Yes No Specify a. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? (Itel/Inches) NUMBER OF PREVIOUS LIVE BIRTH (Do not include this child.) a. Number Now Living: None b. Number Now Dead: D. Nome a. DATE OF LAST LIVE BIRTH (Month, Year) d. PLACE WHERE THIS BIRTH OCC HOSPING CONTERNITY (CONTERNITY OCC) D. HOSPING WHERE THIS BIRTH OCC HOSPING CONTERNITY OCC HOSPING CONTENITY	State: Street & Number:	20. R(S) 20a. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20c. 20c. 20c. 20c. 20c. 20c. 20c. 20c	City, T Yes No Yes No R'S STALL SEGURIT ACE CO MAN SHAP POPULATE OF LAST PRENA WEIGHT? 25, MOTI (pounds) 29. CIGARETTE SM For each time pe number of packs Average number Three months be First Trimester of Second Trimester Thrid Trimester's FLAST OTHER PREGI Year)	TAL CARE VISITE (Month, Day, Year) THER'S WEIGHT AT DO CIGNETES STOKEN TO CIGNETES STOKE	22c. TO FELLVERY? (pounds) DURING PE NONE, E of cigarettes of ciga	□ No 2 TAL NUMBER EGNANCY: 2 ES DID MO 1 Yes EGNANCY: 2 ES DID MO 1 Yes EGNANCY: 2 ES DID MO 1 Yes EGNANCY: 4 # of packs R R R ELAST NORM 1 HO Packs R R R N N N N N N N N N N N N N N N N	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter '0") OFHER GET WIC FOOD FOR NO 30. PRINCIPAL SOURCE PRYMENT FOR THIS y, Private Insurance Medicaid Self-pay Other (Specify) AL MENSES BEGAN RRED FOR MATERNAL MED SFOR DELIVERY?	OF DELIVER
18 19 19 19 19 19 19 19 19 19 19 19 19 19	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IP NO. HAS PATERNITY ACKNOW! A. OF HISPANIC ORIGIN? (Check "V (If yes, "specify all that apply, e.g., Puento Rien, etc.) D. Yes No Specify D. Yes No Specify D. Yes No Specify D. ATE OF FIRST PRENATAL CARRE MOTHER'S HEIGHT? ((leot/inches) NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.) D. Who have been been been been been been been be	State: Street & Number:	20. R(S) 20a. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20c. 20c. 20c. 20c. 20c. 20c. 20c. 20c	City, T Yes No Yes No R'S STALL SEGURIT ACE CO MAN SHAP POPULATE OF LAST PRENA WEIGHT? 25, MOTI (pounds) 29. CIGARETTE SM For each time pe number of packs Average number Three months be First Trimester of Second Trimester Thrid Trimester's FLAST OTHER PREGI Year)	TAL CARE VISITE (Month, Day, Year) THER'S WEIGHT AT DO CIGNETES STOKEN TO CIGNETES STOKE	22c. TO 18. i 18	□ No 2 TAL NUMBER EGNANCY: 2 ES DID MO 1 Yes EGNANCY: 2 ES DID MO 1 Yes EGNANCY: 2 ES DID MO 1 Yes EGNANCY: 4 # of packs R R R ELAST NORM 1 HO Packs R R R N N N N N N N N N N N N N N N N	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter '0'.) THER GET WIC FOOD FOR NO 30. PIRINCIPAL SOURCE PAYMENT FOR THIS Wedicaid Self-pay Other (Specify) AL MENSES BEGAN RERED FOR MATERNAL MED SFOR DELIVERY?	OF DELIVER
13. 16. 198 198 226 27. 276 276 316 316	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IP NO, HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU. 3. OF HISPANIC ORIGIN? (Check "Y (if yes, speedly all had apply," e.g., "Or HISPANIC ORIGIN? (Check "Y (if yes, speedly all had apply," e.g., "Or HISPANIC ORIGIN? (Check "Y (if yes, speedly all had apply," e.g., "Or HISPANIC ORIGIN? (Check "Y (if yes, speedly all had apply," e.g., "Or HISPANIC ORIGIN? (Check "Y (if yes, speedly all had apply," e.g., "Or HISPANIC ORIGIN? (Check "Y (if yes, speedly all had apply," e.g., "Or HISPANIC ORIGIN?" (Real/inches) MOTHER'S HEIGHT? (Real/inches) NUMBER OF PREVIOUS LIVE BIRTH (Geolinches) NONDE D. NUMBER OF PREVIOUS LIVE BIRTH (Month, Year) None a. DATE OF LAST LIVE BIRTH (Month, Year) d. PLACE WHERE THIS BIRTH OCC Hospital Freestanding birthing center Home Birth Planned to deliver at home? [Clinic / Doctor's Office Other (Speedly)	State: Streef & Number: Ipplion, any lime th of the child!? LEDOMENT BEEN SIGNE IMBER EVISIT? (Month, Day, Yee, No Prenate Cae 24. MOTHER'S PRE-1 28. NUMBER OF OTHEL PRESCHANCY OUTC PRESCHANCY OUTC Number of Other Ou None SURRED (Check one.) 3 URRED (Check one.) 3	D? 17. MOTHE 20. R. (S 20a. 20b. 20b. 20b. 20c. 20c.	Ves No Ves No Ves No R'S IAL BEGURIT ACE Ved Mile Person AVERNO F. LAST OTHER PREGI Year) NT'S NPI	TAL CARE VISITY (Month, Day, Year) HER'S WEIGHT AT D OKING BEFORE ANI HER'S WEIGHT	22c. TO PR 2 2 2 2 2 2 2 2 2	□ No 27 27 28 27 TAL NUMBER: SOCO 29 20 20 20 20 20 20 20 20 20	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. OF PRENATAL VISITS FOR (If none, enter 'U',) THER GET WIC FOOD FOR NO 30. PRINCIPAL SOURCE PRYMENT FOR THIS y, Private Insurance Medicaid Self-pay Other (Specify) MAL MENSES BEGAN RRED FOR MATERNAL MED S FOR DELIVERY? ME OF FACILITY FROM WHICHNISFERRED:	OF DELIVER
16. 19a 19t	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IP NO. HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU. COPHISPANIC ORIGIN? (Check "V (ff yrs): Associated with an apply." e.g., "Pauser Arican, etc.") D. Yes No Specify a. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? MOTHER'S HEIGHT? (Rest/inches) NUMBER OF PREVIOUS LIVE BIRTH (Gentles) Number Now Living: None D. Number Now Living: None D. Number Now Living: None D. ALTE OF LAST LIVE BIRTH (Month, Year) D. PLACE WHERE THIS BIRTH OCC Hospital Freestanding birthing center Home Birth Planned to deliver at home? Clinic / Doctor's Office Other (Specify) OBSTETRIC PROCEDURES (Chec) Cervical cerclage	State: Streef & Number: Ipplion, any lime th of the child!? LEDOMENT BEEN SIGNE IMBER EVISIT? (Month, Day, Yee, No Prenate Cae 24. MOTHER'S PRE-1 28. NUMBER OF OTHEL PRESCHANCY OUTC PRESCHANCY OUTC Number of Other Ou None SURRED (Check one.) 3 URRED (Check one.) 3	D? 17. MOTHE 20. R. (S 20a. 20b. 20b. 20b. 20c. 20c.	City, T Ves No Ves No Ves No R'S No	TAL CARE VISITY (Month, Day, Year) TAL CARE VISITY (Month, Day, Year) TO signature simple of cigarettes smoked of cigarettes cigarett	22c. TO PR 2 2 2 2 2 2 2 2 2	□ No ATHER'S SOC 22 TAL NUMBER ECNANCY? 25: DID MO □ Yes ECNANCY? 26: DID MO □ Yes ECNANCY? ECNANCY # of packs # of packs # of packs RR RR EL ST NORM # of packs RR RR SE L INDICATION S. ENTER NA! 36. METHC A Fetal pi 36. METHC A Fetal pi	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter 'U') THER GET WIC FOOD FOR NO 30. PRINCIPAL SOURCE PRYMENT FOR THIS — Private Insurance — Medicaid — Self-pay — Other (Specify) MAL MENSES BEGAN RRED FOR MATERNAL MED S FOR DELIVERY? ME OF FACILITY FROM WHICH INSFERRED: DO OF DELIVERY resentation at birth	OF DELIVER
HER 13. 16. 198 198 HER 226 27. 276 316 316	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IP NO. HAS PATERNITY ACKNOW! MOTHER'S MEDICAL RECORD NU DO THISPANIC ORIGIN? (Check* "V (If 'yes. 'specify all that apply, e.g., Puerto Ricia, etc.) DO Yes NO Specify DO Yes No S	State: Streef & Number: Ipplion, any lime th of the child!? LEDOMENT BEEN SIGNE IMBER EVISIT? (Month, Day, Yee, No Prenate Cae 24. MOTHER'S PRE-1 28. NUMBER OF OTHEL PRESCHANCY OUTC PRESCHANCY OUTC Number of Other Ou None SURRED (Check one.) 3 URRED (Check one.) 3	D? 17. MOTHE 20. R. (S 20a. 20b. 20b.	City, T Ves No Ves No Ves No R'S IAL BEGURIT ACE Ved Mile Person ACE	TAL CARE VISITY (Month, Day, Year) HER WEIGHT AT D OKING BEFORE ANI OF Pregnancy of cigarettes or packs of cigarettes or packs of cigarettes or packs of cigarettes or packs NANCY OUTCOME	22c. TO PR 2 2 2 2 2 2 2 2 2	□ No ATHER'S SOC 22 TAL NUMBER ECNANCY? 25: DID MO □ Yes ECNANCY reflets of the TER '0'. EL LINDICATION EL LAST NORM RR RR RR BE BE BE BE BE BE BE	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter 'O'.) THER GET WIC FOOD FOR NO 30. PRINCIPAL SOURCE PAYMENT FOR THIS y, Private Insurance Medicaid Self-pay Other (Specify) MAL MENSES BEGAN RRED FOR MATERNAL MED SFOR DELIVERY? THE CONTROL OF THE	OF DELIVER
HER 13. 16. 19a 19t 19t 22c 27t 27t 31t 31t	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir IP NO. HAS PATERINITY ACKNOW! MOTHER'S MEDICAL RECORD NU D. OF HISPANIC ORIGIN? (Check* "V (If 'yes. 'specify all that apply, e.g., 'puerto filicin, etc.') D. ○ Yes ○ NO Specify D. ○ NOTHER'S HEIGHT? (Reel/inches) NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.) D. NOTHER'S HEIGHT? (None D. Number Now Living: ○ None D. Number Now Dead: ○ None D. None	State: Streef & Number: Ipplion, any lime th of the child!? LEDOMENT BEEN SIGNE IMBER EVISIT? (Month, Day, Yee, No Prenate Cae 24. MOTHER'S PRE-1 28. NUMBER OF OTHEL PRESCHANCY OUTC PRESCHANCY OUTC Number of Other Ou None SURRED (Check one.) 3 LURRED (Check one.) 3	20. R. (S 20a. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20b	City, T Yes No Yes No R'S NO	TAL CARE VISITY (Month, Day, Year) TAL CARE VISITY (Month, Day, Year) TO signature smoked of cigarettes cigarett	22c. TO PF ELIVERY? (pounds) DURING PE O Gigarettes of cigarettes of cig	OND TAL NUMBER 22 TAL NUMBER EGNANCY? 26. DID MO Yes EGNANCY? 26. DID MO Yes EGNANCY? 27. DID MO Yes EGNANCY? 36. METHC A Fetal pr CAPPER GO METHC A Fetal pr CAPPER B Free D The Bree B Free D The Bree D The Bre	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRINCIPAL SOURCE PRYMENT FOR THIS PRINCIPAL SOURCE PRYMENT FOR THIS J. Private Insurance Medicate Medicate Self-pay Other (Specify) AL MED FOR MATERNAL MED SFOR DELIVERY? PRENATAL MED SFOR DELIVERY? PRENATAL MED SFOR DELIVERY PRENATAL MED OD OF DELIVERY PRESENTATION OD OF DELIVERY PRESENTATION OD OF DELIVERY PRENATAL MED	OF DELIVER
HER 13. 16. 199 199 199 199 199 199 199 199 199 19	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir in No. HAS PATERINITY ACKNOW! A DIF HISPANIC ORIGIN? (Check *V (if yea, "specify all that apply, e.g., "puerto Rica, etc.") D	State: Street & Number:	D? 17. MOTHE 20. R; (S 20a. 20b. 20b. 20c. 20c.	City, T Yes No Yes No R'S NO	TAL CARE VISITS (Month, Day, Year) TAL CARE VISITS (Month, Day, Year) TO STANDARD OF THE STA	RITY NUMBER Yes 18. i 1	No ATHER'S SOC 2: 22 TAL NUMBER EGNANCY? 26. DID MO 26. DID MO 27 27 28. DID MO 29 29 20 20 20 20 20 20 20 20	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRINCIPAL SOURCE PRYMENT FOR THIS PRINCIPAL SOURCE PRYMENT FOR THIS J. Private Insurance Medicate Medicate Self-pay Other (Specify) AL MEDSES BEGAN IRRED FOR MATERNAL MED SFOR DELIVERY? PROPERTY PROPER	OF DELIVER DICAL OR
THER 13. 16. 199 199 199 199 221 276 316 34.	Same as residence, OR: S MOTHER MARRIED (at birth, conce between, or 300 days prior to the bir in No. HAS PATERINITY ACKNOW MOTHER'S MEDICAL RECORD NU MOTHER'S HEIGHT? (a) Yes No Specify of the dayby, e.g., cylentor Rician, etc.) (b) Yes No Specify a. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? (heet/inches) NUMBER OF PREVIOUS LEVE BIRTH (bo not include this child.) a. Number Now Living: None	State: Street & Number:	20. R/(S) 20a. 20b. 20	City, T Yes No Yes No R'S NO	TAL CARE VISITS (Month. Day, Year) TAL CARE VISITS (Month. Day, Year) TAL CARE VISITS (Month. Day, Year) TO Graphites smoked of cigarettes cigaret	22c. TO 18. i 18	□ No ATHER'S SOC 22 TAL NUMBER EGNANCY? 26. DID MO 27 26. DID MO 27 26. DID MO 27 27 28. DID MO 28 29 29 20 20 20 20 20 20 20 20	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRENATAL VISITS FOR (If none, enter '0'.) OF PRINCIPAL SOURCE PRYMENT FOR THIS PRINCIPAL SOURCE PRYMENT FOR THIS J. Private Insurance Medicate Medicate Self-pay Other (Specify) AL MED FOR MATERNAL MED SFOR DELIVERY? PRENATAL MED SFOR DELIVERY? PRENATAL MED SFOR DELIVERY PRENATA	OF DELIVER DICAL OR
THER 13. 16. 199 199 191 191 191 191 19	Same as residence, OR: S MOTHER MARRIED (at birth, concepted between, or 300 days prior to the bir in No. HAS PATERNITY ACKNOW! a. OF HISPANIC ORIGIN? (Check "V (If yes, "specify all that apply, e.g., puerto Rican, etc.) b. Yes No Specify all that apply, e.g., puerto Rican, etc.) b. Yes No Specify a. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? (Reot/inches) NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.) a. Number Now Uring: None D. Number Now Living: None D. Author Now Dead: Herestanding birthing center Home Birth Planned to deliver at home? Clinic J Doctor's Office Other (Specify) OBSTETRIC PROCEDURES (Check "Center of the all the corclage "Center of the specify all the corclage "Center of the specify all the corclage "Center of the specify all the specify all the corclage "Center of the specify all the specific or t	State: Street & Number:	20. R/(S) 20a. 20b. 20	City, T Yes No Yes No R'S NO	TAL CARE VISITS (Month, Day, Year) TOKING BEFORE AND ORIGINATION OF PROGRAMMY OF PROGRAMMY (Pregnancy) TOKING BEFORE AND ORIGINATION OF PROGRAMMY (Pregnancy) TOKING BEFORE AND ORIGINATION OF PROGRAMMY (Pregnancy) TOKING BEFORE AND ORIGINATION OF PROGRAMMY (Pregnancy) TOKING BEFORE AND DELIVE HE ARE AND DELIVE AND ORIGINATION OF PROGRAMMY (Pregnancy) TOKING BEFORE AND DELIVE AND ORIGINATION OF PROGRAMMY (Pregnancy) TOKING BEFORE AND DELIVE AND ORIGINATION OF THE AREA (PROGRAMMY (PROGRAMY (PROGRAMY (PROGRAMMY (PROGRAMMY (PROGRAMY (PROGRAMY (PROGRAMMY (RITY NUMBER 18. 18.	ATHER'S SOC 2: 22 TAL NUMBER ECNANCY? 26. DID MO Yes EGNANCY 26. DID MO Yes EGNANCY 26. DID MO TER YO'. 36. METHC A Fetal pr Capple C	DO 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Highest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (If none, enter '0'.) THER GET WIC FOOD FOR NO 30. PRINICIPAL SOURCE PAYMENT FOR THIS Wedicaid Self-pay Other (Specify) ALL MENSES BEGAN INTERED FOR MATERNAL MED SFOR DELIVERY resentation at birth halic sch or unauf Spontaneous nauf Forceps nauf Forceps nauf Spontaneous nauf Forceps nauf Spontaneous nauf Forceps nauf Cesarean, was a trial myted 'yes No slivery with forceps attempted, uccossful? Yes No	OF DELIVER DICAL OR
THER 13. 16. 199 199 199 199 222 276 276 316 34.	Same as residence, OR: S MOTHER MARRIED (at birth, concepted between, or 300 days prior to the bir in No. HAS PATERNITY ACKNOW! A. OF HISPANIC ORIGIN? (Check "V (If yes, "specify all that apply, e.g., puerto Rican, etc.) D. Yes No Specify all that apply, e.g., puerto Rican, etc.) D. Yes No Specify B. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? (Real/inches) NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.) B. Number Now Uring: None D. Number Now Dead: Hone D. Hopstand Dead: Hone D. Hopstand Dead: Home Birth Planned to deliver at home? Clinic Jocotr's Office Other (Specify) OBSTETRIC PROCEDURES (Check "Check "Specify") Between Legisland Common Commo	State: Street & Number:	20. R/(S) 20a. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20b. 20c. 20	City, T Yes No Yes No R'S NO	TAL CARE VISITS (Month, Day, Year) TAL CARE VISITS (Month, Day, Year) TAL CARE VISITS (Month, Day, Year) TOKING BEFORE AND ORIGINATION OF COMMENT OF CO	RITY NUMBER 18. 18.	□ No ATHER'S SOC 2 2 TAL NUMBER ECNANCY? 2 E. DID MO □ Yes ECNANCY 2 E. DID MO □ Yes ECNANCY 4 For packs FR R R R R B 36. METHC A Fetal pr B Final r Coppl B Final r Coppl Was de B Final r Coppl C	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (If Inc. 1) 1. EDUCATION (If Inc. 2) 1. EDUCATION (If none, enter '0'.) 3. PRINCIPAL SOURCE PRYMENT FOR THIS y. Private Insurance Medicaid Self-pay Other (Specify) ALL MENSES BEGAN DO OF DELIVERY resentation at birth halic sch ar arange (If Cesarean, was a trial protein sulvery (if insul/sportaneous naul/sportaneous naul/sportaneo	OF DELIVER DICAL OR OF Indicate Or Indic
THER 13. 16. 198 198 THER 222 27. 276 316 34.	Same as residence, OR: S MOTHER MARRIED (at birth, concepted between, or 300 days prior to the bir in No. HAS PATERNITY ACKNOW! A. OF HISPANIC ORIGIN? (Check "V (If yes, "specify all that apply, e.g., puerto Rican, etc.) D. Yes No Specify all that apply, e.g., puerto Rican, etc.) D. Yes No Specify B. DATE OF FIRST PRENATAL CARE MOTHER'S HEIGHT? (Real/inches) NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child.) B. Number Now Uring: None D. Number Now Dead: Hone D. Hopstand Dead: Hone D. Hopstand Dead: Home Birth Planned to deliver at home? Clinic Jocotr's Office Other (Specify) OBSTETRIC PROCEDURES (Check "Check "Specify") Between Legisland Common Commo	State: Streef & Number: Inplion, any lime th of the child!? LEDOMENT BEEN SIGNE IMBER EVISIT? (Month, Day, Yee, No Prenate Cae 24. MOTHER'S PRE-1 28. NUMBER OF OTHEL PRESCHANCY OUTC O'Coportion of Other Out Number of Other Out Number of Other Out State of Other Out State of Other Out State of Other Out State of Other Out Number of Other Out State of Other Out Sta	D? 17. MOTHE 20. R(S) 20a. 20b. 20b. 20b. 20c.	Ves No Ves No Ves No Ves No Ves No R'S Ves N	TAL CARE VISITY (Month, Day, Year) HER'S WEIGHT AT D CKING BEFORE ANY HER'S WEIGHT ANY HER'S WEIG	RITY NUMBER 18. 18.	□ No ATHER'S SOC 2 2 TAL NUMBER ECNANCY? 2 E. DID MO □ Yes ECNANCY 2 E. DID MO □ Yes ECNANCY 4 For packs FR R R R R B 36. METHC A Fetal pr B Final r Coppl B Final r Coppl Was de B Final r Coppl C	D- 15. FACILITY'S NPI CIAL SECURITY NUMBER 1. EDUCATION (Ir (lighest grade completed) 1a. 1b. OF PRENATAL VISITS FOR (Ir none, enter '0':) THER GET WIC FOOD FOR NO 30. PRINCIPAL SOURCE PRYMENT FOR THIS WHICH PROPERTY ALL MENSES BEGAN PRIVATE TO THE SECOND WHICH INSFERRED FOR MATERNAL MED S FOR DELIVERY resentation at birth habic or usultand method of delivery (C inal/Sportapeous nall/Yacuum arracm; If Cesarean, was a trial mpled? Yes No livery with forceps attempted; No Nor or No Nor or No No No No No No No No	OF DELIVER DICAL OR OF Indicate Or Indic

MOTHER		RISK FACTORS IN THIS PREGNANCY (Check at Diabetes Pre-Pregnancy (Diagnosis in the pregression of this Pre-Pregnancy (Diagnosis in this pregression of the Pre-Pregnancy (Chronic) Gestational (PiH, pre-edampsia) Eclampsia Perevious preterm birth Other previous poor pregnancy outcome (includedast), small-or-gestational age/infrauterine grobirth) Pre-Pregnancy resulted from infertility treatment all that apply: Fertility-enhancing drugs, artificial insert insertination. Assisted reproductive technology (e.g., infertility from the prediction (IVH), generate intradialion in Mother had a previous Cesarean delivery if tyes, own many? Alcohol use during pregnancy if yes, average number of drinks per week? None of the above	oregnancy) ancy) les perinatal with restricted t- if yes, check nation or vitro ansfer (GIFT))	THIS PREGNANC Genore Syphilis Chlamydia Hepatitis B Hepatitis C Herpes Simplex None of the abo	PLE	41. MATERNAL MORBIOTY (Check all that apply). (Complications associated with abor and delivery) Maternal transfusion Third- or fourth-degree perineal laceration Ruptured uterus Unplanned hysterectomy Admission to intensive care unit Unplanned operating room procedure following delivery None of the above Admission to the state of the st	
NEWBORN	/ 43	B. NEWBORN'S MEDICAL RECORD NUMBER:	44. BIRTH WE	IGHT (grams preferred;	specify unit) [] grams [] lb/oz	45. OBSTETRIC ESTIMATE OF GESTATION: (completed weeks)	
	46	APGAR SCORE: Score at 5 minutes:	ALITY - Single, Twins, Triplets, etc.		48. IF NOT SINGLE BIRTH - Born First, Second, Third, etc.		
		if 5-minute score is less than 6,					
		Score at 10 minutes:	(Specify)			(Specify)	
	49	9. IS THE NEWBORN LIVING AT TIME OF REPOR Yes No Newborn transferred, statu		50. IS THE NEWBORN BEING		REAST-FED AT DISCHARGE?	
	51. CONCENITAL ANOMALIES OF THE NEWBORN (Check all that apply.) Anencephaly Meningomyelocele/Spina bifida Oyanotic congenital disphragmatic hemia Omphalocele Gastroschisis Limb reduction defect (excluding congenital amputation and dw.) Cleft Lip with or without Cleft Palate Oleft Palate alone Own Syndrome Karyotype confirmed Karyotype pending Suspected chromosomal disorder Karyotype pending Hyospadias None of the anomalies listed above				Assisted ventilation require Assisted ventilation require NICU admission Newborn given surfactant- Antibiotics received by the Seizure or serious neurolo; Significant birth injury, skel	eplacement therapy newborn for suspected neonatal sepsis jic dysfunction teatl fracture(s), peripheral nerve injury, an hemorrhage which requires intervention	
	5	4. WAS NEWBORN TRANSFERRED WITHIN 24 H	OURS OF DELIV	ERY? Yes No			
Į		IF YES, NAME OF FACILITY TO WHICH NEWBO	ORN WAS TRAN	SFERRED:			
	`					45-1 (02/08)	

Appendix D: Sample forms — Report of Induced **Termination of Pregnancy**

OREGON DEPARTMENT OF HUMAN SERV Center for Health Statistics REPORT OF INDUCED TERMINATION OF PR	40.5	
1. NAME OF FACILITY		FACILITY CHART OR CASE NO.
2. FACILITY ADDRESS		3. DATE TERMINATION PERFORMED:
(CITY OR TOWN)	(COUNTY)	(MONTH) (DAY) (YEAR)
4. PATIENT'S USUAL RESIDENCE		
(STATE) (COUNTY) 5. AGE LAST BIRTHDAY 6. MARITAL STA	(CITY OR TOWN) TUS: 1 □ Never Married 2 □ Now Married	(ZIP CODE) (INSIDE CITY LIMITS - YES, NO) 3 □ Widowed 5 □ Separated 4 □ Divorced 6 □ Unknown
7. IS PATIENT OF HISPANIC ORIGIN?	8. Race (select one	
0 □ NO □ YES, specify Cuban, Mexican, Puerto R etc.	6 🗆 Ha	nerican Indian 4 □ Chinese 5 □ Japanese waiian 8 □ Filipino 0 □ Other Asian ner (specify)
9. EDUCATION	None	
(Indicate a NUMBER for the HIGHEST grade COMI		(1)
10. PREVIOUS PREGNANCIES (Complete all four se	ections; enter number or chec	ck "None")
Live Births		Other Terminations
a. Now Living Number None 00 □ None 00 □ None 00 □	c. Spontaneous Abortions, N Stillbirths, and Fetal Deat Number None 00 □	
11. DATE LAST NORMAL Month MENSES BEGAN	Day Year 12. C	LINICAL ESTIMATE Completed F GESTATION weeks
13. WAS PREGNANCY THE RESULT OF A CONTRA	ACEPTIVE FAILURE? 1	□ NO 2 □ YES; If Yes, specify method below.
1 Birth Control Pill 2 Foam 3 6 Condoms, Prophylactics 7 Rhythm 8	Hormone Implant; e.g., Norpla	ant 4 □ Diaphram 5 □ IUD 9 □ Contraceptive Injection; e.g., Depo Provera
PROCEDURE THAT TERMINATED THIS PREGN □ Suction Curettage 2 □ Medical (nonsurgical); □ Intra-Uterine Instillation (Saline/prostaglandin) □ Hysterotomy/Hysterectomy 8 □ Other (saline/prostaglandin) □ Succession (Saline/prostaglandin)	specify medication(s) 5 □ Vaginal Prostaglandin specify)	
	2 ☐ Medical (nonsurgical); 4 ☐ Intra-Uterine Instillation 8 ☐ Other (specify)	specify medication(s) I (saline or prostaglandin) 5 □ Vaginal Prostaglandin
16. WAS WRITTEN POST-OPERATIVE/AFTER-CAR	E INFORMATION GIVEN TO	PATIENT? 1 \(\text{YES} \) 2 \(\text{NO} \)
17. WAS FOLLOW-UP VISIT RECOMMENDED?	1 □ YES 2 □ NO	
18. COMPLICATIONS AT TIME OF PROCEDURE (c 0 □ None 1 □ Hemorrhage 2 □ 5 □ Retained products 6 □ Failure of	Infection 3 □ Uteri	ine perforation 4 □ Cervical laceration ther (specify)
19. AT THE TIME OF COMPLETION OF THIS REPO $2\ \square\ NO$		UP VISIT OCCURRED AT THIS FACILITY? cify complications (check all that apply):
0 □ None 1 □ Hemorrhage 2 □ 5 □ Retained products 6 □ Failure of		ine perforation 4 Cervical laceration r (specify)
20. AT THE TIME OF COMPLETION OF THIS REPO 2 \square NO 1 \square YES		
5 ☐ Retained products 6 ☐ Failure of first	nfection 3 □ Uterine pe	erforation 4 □ Cervical laceration ecify) 9 □ Unknown
20A. If yes, specify <u>location of follow-up visit</u> : 1 ☐ Physician's Office 2 ☐ Clinic 3 ☐	Hospital 4 ☐ Other (sp	ecify)
PLEASE COMPLETE THIS FORM NO SOONEF MUST BE COMPLETED NO LATER THAN 30 D		
	Center for Health Stati DEPARTMENT OF HUMA P.O. Box 14050 Portland, Oregon 97293-0	NN SERVICES
	(Continued on back)	

Appendix D: Sample forms — Application, License, and Record of Marriage

OCAL.	COUNTY				SE EFFECTIV OR AFTER _	E					
	L GROOM'S NAME	First.		Middle	1	Last					
GROOM	2. BIRTHPLACE (State	e or Foreign Cour	stry) 3. DA	TE OF BIRTH (Moods, D	sy, Year)	4. AGE (1)	8 or older, 17 w	ith consent)			
	5. SEX 6.	OCCUPATION			7 PREVIO	OUS MARITAL STATUS (Single, Widowed, Divisced)					
	F05000		2/1		240000000000000000000000000000000000000	540-03-03-03-03-03-03-03-03-03-03-03-03-03	001000000000000000000000000000000000000				
AAIVER	Sa. FATHER'S NAME	Ab. HIRTH	Rb. HIRTHPLACE (State or Foreign Country)								
	9a. MOTHER'S NAM	El (Fins, Middle,	Maiden Surname)		96. BURTH	PLACE Guss or F	besign Country)				
WAIVER	10: GROOM'S ADDR	tess s	Street and Number	City or Town	Cos	isty	State	Zip			
٠	11. If affidavit is requir	red as proof of	age, the name and add								
_	Name: 12a. BRIDE'S NAME	First		Address: Middle	1	Last					
BRIDE	126 MAIDEN SURN	AME (If Differe	10	12c. PREVIO	US NAME OF Differ	eno					
\neg	13. BIRTHPLACE (Sta		Tre n	ATE OF BIRTH (Month.)			18 or older, 17	Charleson dilice			
.		TA.	y	ATE OF BUILTI (SOURCE	THE STATE OF THE S	0.00					
۱ ۳	16. SEX 17	7. OCCUPATIO	N.		18. PREVI	OUS MARITAL:	STATUS (Single	, Wislawed, Divorced)			
VALVER	19s. FATHER'S NAME	S. Giardillo.	Let	<u></u>	196. BIRTI	HPLACE (State or	Foreign Country)				
WALVER	20s. MOTHER'S NAM	20s. MOTHER'S NAME (Viry), Middle (Machel Terramic)			20b. BURTI	HPLACE (State or	Furnign Country)	ķ.			
WA	21. BRIDE'S ADORESS (Street and Number) City of 15 was County State Zip						Zip				
	22. If affidavis is required as proof of age, the name and address of the afficut.										
- 1	22. If affidavit is requi	ired as proof of	Name: Address: WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CONNECT TO THE BEST UPOUR KNOWLEDGE AND BELIEF AND								
SCHOLIFES	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NUTHER Y MARRIAGE	ERTIFY THAT FREE TO MAI AL SIGNATUL TOU NOR YOUR EAND AT THE S	THE INFORMATION RRY UNDER THE LARE SPOUSE IS THE PROPRAME TO LIVE W	Address N PROVIDED IS CORD AWS OF THIS STATE 24. EXTY OF THE OTHER TH THEN THE MARRIAGE F	BRIDE'S LEGAL ILLAWS OF THE STA BEE FROM VIOLEN	SIGNATURE ATE OF DREGON A CE AND ABUSE	OFFIRM YOUR R	HIGHT TO ENTER IN			
CONTURES CENSE TO LUMPRY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NUTTHER Y MARRIAGE This License Auth	ERTIPY THAT FREE TO MAI AL SIGNATUR TOU NOR YOUR E AND AT THE 5 SOFIZES THE N Authorized I	THE INFORMATIOR REVUNDER THE LARE SPOUSE IS THE PROPAMETIME TO LIVE WE SPOUSE IS THE PROPAMETIME TO LIVE WE SETTING THE SETTING TO LIVE WE SETTING THE SETTING TH	Address: N PROVIDED IS COUNTY AWS OF THE STATE. 24. ERRY OF THE OTHER THE THEN THE MARRIAGE F alte of the Parties No riage Ceremony Und	BRIDE'S LEG (E) E LAWS OF THE STA	SIGNATURE ME OF DWIGON	AFFIRM YOUR R	DIGHT TO ENTER IN			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG, NEITHER Y MARRIAGE This License Auth Any Person Duly the STATE OF OR	ERTIFY THAT FREE TO MAI AL SIGNATUL TOU NOR YOUR EAND AT THE 5 OOTIZES the M Authorized I REGON. ISSUED 2	THE INFORMATION OF THE LARRE SPOUSE IS THE PROPARAME TIME TO LIVE W TAITINGS IN THIS ST. IO Perform a Mart 7. SIGNATURE OF IS	Address: N PROVIDED IS COUNTY AWS OF THE SET ATE. 24. ERRY OF THE OTHER THE THEN THE MARRIAGE F alte of the Parties No riage Ceremony Und	BRIDE'S LEG (E) II LAWS OF THE STA BEE FROM VIOLENCE med Above by er the Laws of	SIGNATURE ATE OF OWEGON A TE AND ABUSE 25. LICENSE I	AFFIRM YOUR R	DIGHT TO ENTER INT			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG, NEITHER Y MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I	ERTIFY THAT FREE TO MAI AL SIGNATUR TOU NOR YOUR EAND AT THE S PORTIZES THE MAUTHORIZED IN REGON. RESON. RESON. THE ABOVE	THE INFORMATIO RRY UNDER THE L RE SPOUSE IS THE PROP LAME THE TO LIVE W darriage in this St to Perform a Mart P. SIGNATURE OF IS NAMED PERSONS	Address N PROVIDED IS COUNTY AWS OF THE SET ATE. 24. ERRY OF THE OTHER THE THEN THE MARRIAGE F alte of the Parties No riage Ceremony Und SSUING OFFICIAL.	BRIDE'S LEG (L. BLAWS OF THE STA BEE FROM VIOLENCE med Above by er the Laws of	SIGNATURE NITE OF DEEL GON A TE AND A BUSE 25. LICENSE I 28. TITLE OF	AFFIRM YOUR R	BIGHT TO ENTER INT IS, Day, Year) ICIAL			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHUR Y MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE 1 29. I CERTIFY THAT	PREETO MAI AL SIGNATUI FREE TO MAI AL SIGNATUI FOU NOR YOUR E AND AT THE 5 OOFIZES the M Authorized t REGON. ISSUED 27 THE ABOVE N - MONTH, D	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROP AME TIME TO LIVE W farriage in this St to Perform a Marr 7. SIGNATURE OF IS NAMED PERSONS IAY, YEAR	Address N PROVIDED IS OUTD AWS OF THIS OF THE LEGY OF THE OTHER THE ARRIAGE F alte of the Parties No inage Ceremony Und SSUING OFFICIAL JOB. WHERE MARKET	III LAWS OF THE STA BEEFFOM VIOLEN med Above by er the Laws of ED - ON	SIGNATURE NITE OF DEEL GON A TE AND A BUSE 25. LICENSE I 28. TITLE OF	AFFIRM YOUR R	IGHT TO ENTER INT B, Day, Year) ICIAL OREGO			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHERY Y MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 31d. NAME/ADDRES 31d. NAME/ADDRES	ERTIFY THAT FREE TO MAI AL SIGNATUL TOU NOR YOUR E AND AT THE S OUTIZES THE M Authorized I EEGON. ISSUED 2: THE ABOVE N - MONTH, D TERSON PERFORMANCES SS OF OFFICIA	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROP LAME THAT TO LIVE W AME THAT TO LIVE W AME THAT TO LIVE W TO PERFORM A MATT P. SIGNATURE OF IS NAMED PERSONS LAY, YEAR. RMING CEREMONY NT'S AUTHORIZING	Address N PROVIDED IS OUTH AWS OF THIS OTHER THE THIN THE MARKING IF alte of the Parties No inage Ceremony Und SUING OFFICIAL JOL WHERE MARKI CITY, TOWN/LOCAT JIB. NAME (Type/Print)	BRIDE'S LEG UP BLAWS OF THE STATE BEE PROM VIOLENCE BED - ON	SIGNATURE ME OF DREGON A LE AND ABUSE 25. LICENSE I 28. TITLE OF 30b. COUNTY	EXPIRES (Most ISSUING OPP) 31c. TITLE	OREGO			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG() NITHURY MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF PROPERTY OF PR	ERTIFY THAT FREE TO MAI AL SIGNATUL TOU NOR YOUR E AND AT THE S OUTIZES THE M Authorized I EEGON. ISSUED 2: THE ABOVE N - MONTH, D TERSON PERFORMANCES SS OF OFFICIA	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROP LAME THAT TO LIVE W AME THAT TO LIVE W AME THAT TO LIVE W TO PERFORM A MATT P. SIGNATURE OF IS NAMED PERSONS LAY, YEAR. RMING CEREMONY NT'S AUTHORIZING	Address N PROVIDED IS COULD AWS OF THIS STATE L L L L L L L L L L L L L L L L L L L	BRIDE'S LEG UP BLAWS OF THE STATE BEE PROM VIOLENCE BED - ON	SIGNATURE ME OF DREGON A LE AND ABUSE 25. LICENSE I 28. TITLE OF 30b. COUNTY	EXPIRES (Most ISSUING OPP) 31c. TITLE	OREGO			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHERY Y MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 31d. NAME/ADDRES 31d. NAME/ADDRES	ERTIFY THAT FREE TO MAI AL SIGNATUL TOU NOR YOUR E AND AT THE S OUTIZES THE M Authorized I EEGON. ISSUED 2: THE ABOVE N - MONTH, D TERSON PERFORMANCES SS OF OFFICIA	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROP LAME THAT TO LIVE W AME THAT TO LIVE W AME THAT TO LIVE W TO PERFORM A MATT P. SIGNATURE OF IS NAMED PERSONS LAY, YEAR. RMING CEREMONY NT'S AUTHORIZING	Address N PROVIDED IS COULD AWS OF THIS STATE L L L L L L L L L L L L L L L L L L L	BRIDE'S LEG UP BLAWS OF THE STATE BEE PROM VIOLENCE BED - ON	SIGNATURE ME OF DREGON A LE AND ABUSE 25. LICENSE I 28. TITLE OF 30b. COUNTY	EXPIRES (Most ISSUING OPP) 31c. TITLE	OREGO			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHERY Y MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 31d. NAME/ADDRES 31d. NAME/ADDRES	PERTIFY THAT FREE TO MAI AL SIGNATUL FRUE TO MAI AL SIGNATUL FRUE AND AT THE S FRUE AND ATT THE S FRUE AND THE S FRUE AND ATT THE S FRUE AND THE S F	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROP LAME THAT TO LIVE W AME THAT TO LIVE W AME THAT TO LIVE W TO PERFORM A MATT P. SIGNATURE OF IS NAMED PERSONS LAY, YEAR. RMING CEREMONY NT'S AUTHORIZING	Address N PROVIDED IS COULD AWS OF THIS STATE L L L L L L L L L L L L L L L L L L L	BRIDE'S LEG UP BLAWS OF THE STATE BEE PROM VIOLENCE BED - ON	SIGNATURE ME OF DREGON A LE AND ABUSE 25. LICENSE I 28. TITLE OF 30b. COUNTY	EXPIRES (Most ISSUING OPP) 31c. TITLE	OREGO			
CEREMONY CEREMONY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NUTTHERY MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 314. SIGNATURE OF P \$ 314. NAME /ADDRES RELIGIOUS CONGR	PREE TO MAI AL SIGNATUI FREE TO MAI AL SIGNATUI FREE TO MAI AL SIGNATUI FREE AND AT THE S FREE T FRE	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPAME THE TO LIVE W farriage in this W farriage farriage farriage NAMED PERSONS IAY, YEAR RMING CEREMONY NT'S AUTHORIZING IGANIZATION	Address N PROVIDED IS COUNTY AWS OF THE STATE. 24. LEXTY OF THE OTHER THE TITTEN THE MARRIAGES IN LIESE CETEMONY Und SUING OFFICIAL. 30s. WHERE MARRIA CITY, TOWN-LOCAT 31b. NAME (TypePrint 31e. ADDRESS AND	III LAWS OF THE STA BEE FROM VIOLEN III MAY OF THE STA BEE FROM VIOLEN III MAY OF BED - ON	SIGNATURE NTE OF DEEGON / E AND ABUSE 25. LICENSE I 26. TITLE OF 30b. COUNTY OF PERSON PER	EXPIRES (Most ISSUING OPP) 31c. TITLE	OREGO			
CENSE TO	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NUITHERY MARELAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 314. SIGNATURE OF P 314. NAME /ADDRES RELIGIOUS CONGR	PREE TO MAI AL SIGNATUI FREE TO MAI AL SIGNATUI FREE TO MAI AL SIGNATUI FREE AND AT THE S FREE T FRE	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPAME THE TO LIVE W farriage in this W farriage farriage farriage NAMED PERSONS IAY, YEAR RMING CEREMONY NT'S AUTHORIZING IGANIZATION	Address N PROVIDED IS COUNTY AWS OF THE STATE. 24. LEXTY OF THE OTHER THE TITTEN THE MARRIAGES IN LIESE CETEMONY Und SUING OFFICIAL. 30s. WHERE MARRIA CITY, TOWN-LOCAT 31b. NAME (TypePrint 31e. ADDRESS AND	III LAWS OF THE STA BEE FROM VIOLEN III MAY OF THE STA BEE FROM VIOLEN III MAY OF BED - ON	SIGNATURE NTE OF DEEGON / E AND ABUSE 25. LICENSE I 26. TITLE OF 30b. COUNTY OF PERSON PER	EXPIRES (Most ISSUING OPP) 31c. TITLE	OREGO			
CEREMONY CEREMONY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NUTTHERY MARELAGE This License Auth Any Person Duly the STATE OF OR 20. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF \$14. SIGNATURE OF P \$7. THE STATE OF THE	PREE TO MAI AL SIGNATUI FREE TO MAI AL SIGNATUI FREE TO MAI AL SIGNATUI FREE AND AT THE S FREE T FRE	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPAME THE TO LIVE W farriage in this W farriage farriage farriage NAMED PERSONS IAY, YEAR RMING CEREMONY NT'S AUTHORIZING IGANIZATION	Address N PROVIDED IS COUNTY AWS OF THE STATE. 24. LEXTY OF THE OTHER THE TITTEN THE MARRIAGES IN LIESE CETEMONY Und SUING OFFICIAL. 30s. WHERE MARRIA CITY, TOWN-LOCAT 31b. NAME (TypePrint 31e. ADDRESS AND	III LAWS OF THE STA BEE FROM VIOLEN III MAY OF THE STA BEE FROM VIOLEN III MAY OF BED - ON	SIGNATURE NTE OF DEEGON / E AND ABUSE 25. LICENSE I 26. TITLE OF 30b. COUNTY OF PERSON PER	EXPIRES (Most ISSUING OPP) 31c. TITLE	OREGO			
CEREMONY CEREMONY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NUTTHERY MARELAGE This License Auth Any Person Duly the STATE OF OR 20. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF \$14. SIGNATURE OF P \$7. THE STATE OF THE	PREETING THAT FREE TO MAI AL SIGNATUR FREE TO MAI AL SIGNATUR FREE TO MAI FREE	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPAME THE TO LIVE W farriage in this To LIVE W farr	Address N PROVIDED IS COURT AWS OF THE STATE LEATY OF THE CITHER THE TITHEN THE MARRIAGES IN LIES OF THE COTHER THE LIES OF THE LIES OF THE COTHER THE LIES OF THE L	III LAWS OF THE STA BEE FROM VIOLEN III MAY OF THE STA BEE FROM VIOLEN III MAY OF BED - ON	SIGNATURE NTE OF DREGON A TE AND ABUSE 25. LICENSE I 28. TITLE OF I 30b. COUNTY OF PERSON PER TE FILED BY LO	EXPIRES (Most ISSUING OPP) 31c. TITLE REFORMING CO	OREGO EREMONY AL (Month, Day, Year)			
CEREMONY CEREMONY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHURY MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 314. NAME ADDRES RELIGIOUS CONGR 32. WITNESS NAME 34. SIGNATURE OF OR \$ 10. SIGNATURE OR \$ 10. SIGNATURE OF OR \$ 10. SIGNATURE	PREETING THAT FREE TO MAI AL SIGNATUR FREE TO MAI AL SIGNATUR FREE TO MAI FREE	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPAME THE TO LIVE W farriage in this To LIVE W farr	Address N PROVIDED IS COURT AWS OF THE STATE LEATY OF THE CITHER THE TITHEN THE MARRIAGES IN LIES OF THE COTHER THE LIES OF THE LIES OF THE COTHER THE LIES OF THE L	III LAWS OF THE STA BEE FROM VIOLENCE med Above by er the Laws of DPHONE NUMBER	SIGNATURE NTE OF DREGON A TE AND ABUSE 25. LICENSE I 28. TITLE OF I 30b. COUNTY OF PERSON PER TE FILED BY LO	EXPIRES (Most ISSUING OPP) 31c. TITLE REFORMING CO	OREGO EREMONY AL (Month, Day, Year)			
CEREMONY CEREMONY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHUR Y MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 31d. NAME / ADDRES RELIGIOUS CONGR 32. WITNESS NAME 34. SIGNATURE OF (36. GROOM'S SOCIA ORS 432-010 REQUIRED STATIST 38. NUMBER OF	ERTIFY THAT FREE TO MAI AL SIGNATUR TOU NOR YOUR FOUNDATTHES SOFTIZES THE MAUTHORIZED TO ERSON PROPRIET THE ABOVE N - MONTH, D ERSON PERSON ERSON PERSON COUNTY CLE AL SECURITY	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPI AME TIME TO LIVE W TAITINGS IN this SU TO PERFORM A MATT P. SIGNATURE OF IS NAMED PERSONS TAY, YEAR. RMING CEREMONY NT'S AUTHORIZING GANIZATION ERK OR DIRECTOR ON THE INFO MATTON: THE INFO MATTON: THE INFO	Address N PROVIDED IS COURT AWS OF THE STATE LEATY OF THE CITHER THE TITHEN THE MARRIAGES IN LIES OF THE COTHER THE LIES OF THE LIES OF THE COTHER THE LIES OF THE L	BRIDE'S LEG UP BLAWS OF THE STA BBE FROM VIOLENCE BED- ON PHONE NUMBER 35. DA' RIDE'S SOCIAL SI	SIGNATURE NTE OF DREGON / E AND ABUSE 25. LICENSE I 26. TITLE OF 306. COUNTY OF PERSON PER TE PILED BY LO	EXPIRES (Most EXPIRES (Most ESSUING OPP) 31c. TITLE REFORMING CO CAL OFFICIA DER opecity 8, 10 OPPES OF THE	OREGO AL (Month, Day, Year) E RECORD.			
CEREMONY CEREMONY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHUR Y N	ERTIFY THAT FREE TO MAI AL SIGNATUR OU NOR YOUR EAND AT THE S PORTIZES THE MAUTHORIZED THE ABOVE N - MONTH, D ERSON PERFORMAN COUNTY CLE AL SECURITY Classify below 139, EF PREVI Classify below 139, EF PREVI Classify below	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPI LAME THE TO LIVE W AME THE TO LIVE W AME THE TO LIVE W AME THE TO LIVE W TO PERFORM A MATTER PROPING OF IS NAMED PERSONS LAY, YEAR. RMENG CEREMONY NT'S AUTHORIZING GANIZATION PERK OR DIRECTOR AMETION: THE INFO OUSLY MARRIED, I	Address N PROVIDED IS COURT AWS OF THE OTHER THE AWS OF THE OTHER THE AREAGE F alte of the Parties No tage Ceremony Und SUING OFFICIAL JOB. WHERE MARRI CITY, TOWNLOCAT JIB. NAME (TypeTrim JIE. ADDRESS AND 33. WITNESS NAME NOOE, unlawen) 37. BI RMATION BELOW WIT AST MARRIAGE END	BRIDE'S LEGGE BLAWS OF THE STA BEE FROM VIOLENCE BED - ON D PHONE NUMBER 25. DAY L NOT APPEAR O ED 40. RACE - I American laid etc. (Opcody b etc.) (Opcody b etc.)	SIGNATURE NIE OF DREGON / CE AND ABUSE 25. LICENSE I 28. TITLE OF I 305. COUNTY OF PERSON PER TE PILED BY LO ECURITY NUMB IN CERTIFIED COPTIONAL, in, Bisck, While.	EXPIRES (Most EXPIRES (Most ISSUING OFF) 31c. TITLE REFORMING CI CAL OFFICIA DER opecity #, a OPIES OF THI 41. EDUCA Cipcolly below Elementary	BEREMONY ERECORD WIGHER grade complete secondary College			
CERCINON CER	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG() NIITHERY MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE 1 29. I CERTIFY THAT WERE MARRIED OF 31d. SIGNATURE OF P 31d. NAME JADDRES RELIGIOUS CONGR 32. WITNESS NAME 34. SIGNATURE OF P 16. GROOM'S SOCLI ORS A32.010 REQUIRED STATIST 13. NUMBER OF THIS MARRIAGE THES THE MARRIAGE THES THE	ERTIFY THAT FREE TO MAI AL SIGNATUI TOU NOR YOUR EAND AT THE S PORTIZES THE MAUTHORIZED THE ABOVE N - MONTH, D THE ABOVE N - MONTH, D THE ABOVE AL SECURITY COUNTY CLE AL SECURITY CICAL INFORT [39, BF PREV) Clopetly tolaw)	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPI LAME THE TO LIVE W AME THE TO LIVE W AME THE TO LIVE W AME THE TO LIVE W TO PERFORM A MATTER PROPING OF IS NAMED PERSONS LAY, YEAR. RMENG CEREMONY NT'S AUTHORIZING GANIZATION PERK OR DIRECTOR AMETION: THE INFO OUSLY MARRIED, I	Address N PROVIDED IS COURT AWS OF THIS STATE. 24. 10. 10. 11. 11. 11. 11. 11. 1	BRIDE'S LEGGE BLAWS OF THE STA BEE FROM VIOLENCE BED - ON D PHONE NUMBER 25. DAY L NOT APPEAR O ED 40. RACE - American lad. et. Coposity is et. Coposity is et. Coposity is	SIGNATURE NIE OF DREGON / CE AND ABUSE 25. LICENSE I 28. TITLE OF I 305. COUNTY OF PERSON PER TE PILED BY LO ECURITY NUMB IN CERTIFIED COPTIONAL, in, Bisck, While.	EXPIRES (Most EXPIRE	BEREMONY ERECORD WIGHER grade complete secondary College			
CEREMONY CEREMONY	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/ NITHERY Y MARRIAGE This License Auth Any Person Duly the STATE OF OR 26. DATE LICENSE I 29. I CERTIFY THAT WERE MARRIED OF 31d. NAME/ADDRES RELIGIOUS CONGR 32. WITNESS NAME 34. SIGNATURE OF OR 36. GROOM'S SOCIA ORS. 432 010 REQUIRED STATIST 38. NUMBER OF THIS MARRIAGE - HAT, Second, etc. (Opecity Inclus)	ERTIFY THAT FREE TO MAI AL SIGNATUL FREE TO MAI AL SIGNATUL FOUNDRY YOUR E AND AT THE E FOUNTY CLE FREE FOUNTY CLE FREE FREE FREE FREE FREE FREE FREE FR	THE INFORMATIO RRY UNDER THE LA RE SPOUSE IS THE PROPI LAME THE TO LIVE W AME THE TO LIVE W AME THE TO LIVE W AME THE TO LIVE W TO PERFORM A MATTER PROPING OF IS NAMED PERSONS LAY, YEAR. RMENG CEREMONY NT'S AUTHORIZING GANIZATION PERK OR DIRECTOR AMETION: THE INFO OUSLY MARRIED, I	Address N PROVIDED IS CUEL AWS OF THE STATE 24. 24. 24. 25. 26. 26. 27. 26. 27. 27. 28. 28. 29. 29. 29. 29. 29. 29	BILLAWS OF THE STATE BEE FROM VIOLENCE BEE FROM VIOLENCE BED - ON D PHONE NUMBER 25. DAY AMERICA SOCIAL STATE AM	SIGNATURE NIE OF DREGON / CE AND ABUSE 25. LICENSE I 28. TITLE OF I 305. COUNTY OF PERSON PER TE PILED BY LO ECURITY NUMB IN CERTIFIED COPTIONAL, in, Bisck, While.	EXPIRES (Most ISSUING OPP) 31c. TITLE REFORMING CI WALL OFFICIA DOPIES OF THE 41. EDUCA Capacity below Elementary, 69-12 (9-12)	DIGHT TO ENTER IN II., Day, Year) KTAL, OREGO EREMONY L. (Month, Day, Year) Once, sushnown) E. RECORD. KTON Nighest grade complete College College Complete College C			

Appendix D: Sample forms — Declaration of Oregon Registered Domestic Partnership



1. Husband's name:

Case number:

136-

(last)

State file number:

Record of Dissolution of Marriage or Annulment

(middle)

Spanu							
	2. Residence or legal addre	ess: (str	eet and numb	er)	(city or town)	(county)	(state)
Į	3. Date of birth: (mm/dd/yy,) 4. Bir	rthplace: (state	or foreign coun	etry)		
Wife	>5a. Wife's name: (first)	(m	iddle)	(last)	5b. M	laiden surname:	
vviie	6. Former legal names: (if	any)					
	7. Residence or legal addre	ess: (st	treet and numb	oer)	(city or town)	(county)	(state)
Į	8. Date of birth: (mm/dd/yy,	9. Bir	rthplace: (state	or foreign cour	etry)		
larriage	10a. Place of this marriage (city, town or location)		County:	10c. Sta	te or foreign country:	11. Date of this (mm/dd/yy)	
	12. Date couple last reside household: (mm/dd/yy)		ho		e date in item 12:	14. Petitioner: ☐ Husband	d □ Wife
Attorney	15a. Name of petitioner's a	ttorney: (print)		ddress: (street a ate, ZIP code)	and number or rural route	number, city or tow	n,
	16a. Name of respondent's	attorney: (print)		ddress: (street a ate, ZIP code)	and number or rural route	e number, city or tow	n,
Decree	17. Marriage of the above r was dissolved on: (mm,	/dd/yy) ·		pe of decree: Dissolution of n Annulment	narriage	19. Date decree effective: (mr	
	Number of children und						
	Husband:	Wife:	Joint: (hu:	sband and wife)	Other:		nildren
	21. County of decree:				22. Title of court:		
	23. Signature of court offici	al:	24.	Title of court of	ficial:	25. Date signe	ed: (mm/dd/yy)
L	•						
T	he information below wi	ll not appear or	certified co	opies of the r	ecord.		
	26. Husband's Social Se	ecurity number: (specify numl	ber, none or ui	nknown)		
	27. Wife's Social Securi	ty number: (spec	ify number, r	none or unkno	wn)		
	28. Number of this marriage - first, second, etc.:	29. If previously rate last marriage		,	30. Race(s): American Indian, Bla White, etc.:	31. Education - highest gra	ide completed:
	(specify below)	By death, div dissolution o (specify belo	r annulment:	Date: (mm/dd/yy)	(specify below) List all that apply.	Elementary Secondary (0 - 12)	y/
	28a.	29a.	3	29b.	30a.	31a.	31b.
lusband	28b.	200		29d.	206	210	244
Wife	∠oD. ∸	29c.		∠90.	30b.	31c.	31d.
L		l .					į

The petitioner or legal representative of the petitioner is responsible for completing the personal information on this form and shall present this form to the clerk of the court with the petition.

In all cases the completed record shall be a prerequisite to the granting of the final decree.

Appendix D: Sample forms — Record of Dissolution of Marriage or Annulment



	This declaration of dome	estic partnership mus	t be registered	with an Oreg	on county clerk to	be valid.			
	Partner A – Legal name: First	Middle			Last				
	2. Surname at birth (if different than cur	rent legal name):		Other legal surn	ames used:				
₹	Birthplace (state or foreign country):								
Partner A		r married, widowed, divorced):							
Part				inty:	9b. Resident state:				
	9c. Mailing address: Number and s	treet City or	town		State Country	ZIP code			
	10. Partner A legal name taken after don	nestic partnership: First	M	iddle	Last				
>	11. Partner B – Legal name: First	Middle			Last				
	12. Surname at birth (if different than cu		13. Other legal sur	urnames used					
			(1 1)						
Partner B	14. Birthplace (state or foreign country)	: 15. Date of birth	(month, day, year):		16. Age (18 or older):				
rtne	17. Sex: 18. Current status (nev	ver married, widowed, divorced): 19a. Resident co	ounty:	19b. Resident state:				
Pa	19c. Mailing address: Number and s	street City or	town		State Country	ZIP cod			
	20. Partner B legal name taken after dor	nestic partnership: First	M	iddle	Last				
>	I acknowledge that: I am entering into a								
	obtain a judgment of dissolution or annu- proceeding related to the partners' rights	and obligations, even if one or	both partners cease						
	Signature partner A (current name)		Date						
	county of This instrument was acknowledged before me on(date								
	by	(nam	e(s) of person(s)).						
aries	Signature of notarial officer:		- ::						
/not	My commission expires:		_ &						
Signatures/notaries	I acknowledge that: I am entering into a domestic partnership with the party listed above (Partner A); I am at least 18 years of age; I and/or my partner resid in Oregon; and am otherwise capable to enter into this relationship. I declare the information and representations contained herein are true, correct and conta no material omissions of fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to reside in or to maintain a domicile in this state.								
	Signature Portner D (surrent name)		Data	State of					
	Signature Partner B (current name) County of This instrument was acknowledged before me on(da								
	county of	. This hist	unicit was ackno	wiedged before in		(date			
	by	(nam	ne(s) of person(s)).						
		(nam							
	Signature of notarial officer:	(nam							
>-	Signature of notarial officer: My commission expires:	(nam	Seal:		ounty of filing:				
fficial (fficial (from the control of the control o	Signature of notarial officer:	(nam	Seal:	county official at co	ounty of filing:				

Appendix D: Sample forms — Record of Dissolution of Declaration of Registered Domestic Partnership

Healt CENTER FOR HEALT	th uthority RE	CORD OF DISSO	DLUTION O	F DECLARA	136- TION OF		
CENTER FOR HEALTH	1 STATISTICS	REGISTERED	DOMESTIC	PARTNERS	HIP		
	Local file number				State	file number	
PARTNER A	. Partner A — Legal name: (Fil	st, middle, last, suffix)			Other legal surnames	used:	
	3. Date of birth: (Month, day, year)		4. Birthplace: (State,	, territory or foreign countr	у)	
\geq	i. Residence or tegal address:	Street and number		5a. City, town:	5b. County:		5c. State:
PARTNER B	6. Partner B — Legal name: (Fi	irst, middle, last, suffix)			7. Other legal surnames	used:	
	3. Date of birth: (Month, day, year,)		9. Birthplace: (State,	, territory or foreign countr	y)	
	Residence or legal address:	Street and number		10a. City, town:	10b. Coun	ty:	10c. State:
DECLARATION	11. Date declaration of domestic p (Month, day, year)	partnership filed:		11a. County or state	in which filed:		
1	Date last resided in same hour (Month, day, year)	sehold: 13. Number of date	of children under 18 ye in item 12:	ears of age in this househo			Partner 8
ATTORNEY 1	5a. Name of petitioner's attorney		15b. Addres	ss: (Street and number, cit	ly or town, state, ZIP code))	
	6a. Name of respondent's attorni	эу:	16b. Addres	ss: (Street and number, cit	ty or town, state, ZIP code,)	
	Declaration of domestic partne dissolved on: (Month, day, year)	rship of above named persons was	18. Type of	decree:		cree becomes day, year)	effective:
DECREE	20. Number of children under 18 v awarded to: Partner A Other	whose physical custody was Partner B Join No children	21. County	of decree:		22. Title of o	pourt:
2	23. Signature of court official:		24. Title of	court official:		25. Date sig	gned: (Month, day, year)
							v.
	Infe	ormation below will not a	nnear on the ce	urtified conies of th	ne record		
26.	Number of this domestic partnership- First, second, etc.: (Specify below)	If previously married or in a do how did it end? (By death, divo or annulment) (Specify below)	mestic partnership,	28. Hispanic origin:	29. Race(s): Asian, Am or Alaskan Native, V or African American, Hawaiian or other Pa (Specify below)	, Native	30. Education: (Specify below highest grade completed)
PARTNER A		27a.	(Month, day, year) 27b.	(If yes, specify) 28a.	(Specify below) 29a.	1	grade completed) 30a.
PARTNER B		27c.	27d.	28b.	29b.		30b.

The petitioner or legal representative of the petitioner is responsible for completing the personal information on this form and shall present this form to the clerk of the court with the petition. In all cases the completed record shall be a prerequisite to the granting of the final decree.

45-11 (01/12)