

Appendix D: Sample forms — Certificate of Live Birth

ype or print in nanent black ink e handbook for instructions.	τ.	CENTE	R FOR	HEALTH STA	TISTICS	1	36- S	AMPLF
instructions.	Local File Number	CERT	IFICA	TE OF LIVE	BIRTH		State	File Number
1.	. CHILD — NAME (First, Middle, La	ast, Suffix)			2. TIME OF		SEX 4.	DATE OF BIRTH (Month, y,
HILD 5	ia. FACILITY — NAME (If not an insti	itution, give street and nun	nber)	5b. CITY, TOWN, C	OR 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 Foreign
THER _	ie. RESIDENCE OF MOTHER — STA	ATE 6f. COUN	NTY		6g. CITY, TOW	N. OR LOCA	TION	
								L CLUMOIDE OFFICE
> 61	h. STREET AND NUMBER					6i. ZIP (JOUE	6j. INSIDE CITY LIN
THER 7	a. FATHER'S CURRENT LEGAL NAM	ME (First, Middle, Last, Su	iffix)	7b. DATE	E OF BIRTH (Month, D	lay, Year)	7c. BIRTHPLA	ACE (State, Territory, or Foreign
	la. 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	MAILING ADDRESS	(:	Street, City or T	Town, State, Zip)
_	CERTIFIER (Type or print.) 9a. DATE FILED BY REGISTRAR			9b. REGISTRAR -	SIGN AT PEA			
ľ	SA. DATE FILED BY REGISTRAR			D. REGISTRAN	SAM	API		
RMANT	Oa. I certify that the personal informal knowledge and belief. (Signature			t to the best of my	0b. INFORMANT 6	A JONS	TACHILD	
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		/-			- -	¥ -		
		INFORMATIO	N FOR M	EDICAL AND HE	ALTH USE ONL	Y		
12.	. MOTHER'S MAILING ADDRESS: Same as residence, OR:	INFORMATIO	N FOR M		Own, or Location:	Y		
HED -	Same as residence, OR :	State:	N FOR M		own, or Location:		R REQUESTE	Zip Code:
IER 13.	Same as residence, OR: S MOTHER MARRIED (at birth, conce- between, or 300 days prior to the bir IF NO, HAS PATERNITY ACKNOWL	State: Street & Number: poption, any time th of the child)? LEDGMENT BEEN SIGNE	D?	City, T	Town, or Location: 14. SOCIAL SECU FOR CHILD?	RITY NUMBE	□No	D- 15. FACILITY'S NPI
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MOTHER	39. RISK FACTORS IN THIS PREGNANCY (Check a Diabetes Pre-Pregnancy (Diagnosis prior to this, Gestational (Diagnosis in this pregr Pre-Pregnancy (Chronic) Pre-Pregnancy (Chronic) Gestational (PH, pre-edampsia) Eclampsia Eclampsia Eclampsia Eclampsia Previous preterm birth Other previous poor pregnancy outcome (includedlith, small-for-gestational agefintratuterine group the previous poor pregnancy caution infertility treatmen all that apply. Fertility-enhancing drugs, artificial insemination. Assisted reproductive technology (e.g., in fulfilization (IVP), gamele intrafallogien to Mother had a previous Cesarean delivery If yes, how many? Alcohol use during pregnancy If yes, average number of drinks per week? None of the above	pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy) pregnancy pregnanc	PLE	41. MATERNAL MORBIDITY (Check all that apply.) (Complications associated with labor 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 42. MOTHER TESTED FOR HIV DURING PREGNANCY? Yes No
NEWBORN	43. NEWBORN'S MEDICAL RECORD NUMBER:	44. BIRTH WEIGHT (grams preferred;	grams	45. OBSTETRIC ESTIMATE OF GESTATION: (completed weeks)
	46. APGAR SCORE: Score at 5 minutes:	47. PLURALITY - Single, Twins, Triplet	s, etc.	 IF NOT SINGLE BIRTH - Born First, Second, Third, etc.
	If 5-minute score is less than 6, Score at 10 minutes:	(Specify)		(Specify)
	49. IS THE NEWBORN LIVING AT TIME OF REPOR' ☐ Yes ☐ No ☐ Newborn transferred, statu		50. IS THE NEWBORN BEING BF	REAST-FED AT DISCHARGE?
	CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply.) Anencephaly Meningomyelocele/Spina bifide Cyanotic congenital heart disease Congenital disphragmatic hernia Omphalocele Gastroschisis Limb reduction defect (excluding congenital and Cleft Lip with or without Cleft Palate Cleft Palate alone Dom Syndrome Karyotype confirmed Karyotype pending Suspected chromosomal disorder Karyotype pending	mputation and dwarfing syndromes)	Assisted ventilation require Assisted ventilation require NICU admission Newborn given surfactant- Antibiotics received by the Seizure or serious neuroil Significant birth injury, skel	eplacement therapy newborn for suspected neonatal sepsis gic dysfunction stal fracture(s), peripheral nerve injury, an hemorrhage which requires intervention
	54. WAS NEWBORN TRANSFERRED WITHIN 24 H	OURS OF DELIVERY? Yes No		
l	IF YES, NAME OF FACILITY TO WHICH NEWBO	ORN WAS TRANSFERRED:		
				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	40.0	
1. NAME OF FACILITY		FACILITY CHART OR CASE NO.
2. FACILITY ADDRESS		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	
7. IS PATIENT OF HISPANIC ORIGIN?	8. Race (select one	
0 □ NO □ YES, specify Cuban, Mexican, Puerto R etc.	6 🗆 н	merican Indian 4 □ Chinese 5 □ Japanese lawaiian 8 □ Filipino 0 □ Other Asian Other (specify)
9. EDUCATION	None	
(Indicate a NUMBER for the HIGHEST grade COMI		Listinating Community (* 12)
10. PREVIOUS PREGNANCIES (Complete all four se	ections; enter number or che	eck "None")
Live Births		Other Terminations
a. Now Living Number None 00 □ None 00 □ None 00 □	c. Spontaneous Abortions, Stillbirths, and Fetal Dea Number None 00 □	
11. DATE LAST NORMAL Month MENSES BEGAN	Day Year 12. 0	CLINICAL ESTIMATE Completed OF 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., Norp	plant 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	specify medication(s) 5 □ Vaginal Prostaglandin specify)	
	2 Medical (nonsurgical)	r; specify medication(s)
16. WAS WRITTEN POST-OPERATIVE/AFTER-CAR	E INFORMATION GIVEN T	TO PATIENT? 1 ☐ YES 2 ☐ 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 □ Ute	erine perforation 4 □ Cervical laceration Other (specify)
19. AT THE TIME OF COMPLETION OF THIS REPO $2\ \square$ NO		V UP VISIT OCCURRED AT THIS FACILITY? <u>pecify complications</u> (check all that apply):
0 □ None 1 □ Hemorrhage 2 □ 5 □ Retained products 6 □ Failure of		erine perforation 4 \(\triangle \) Cervical laceration her (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	
20A. If yes, specify <u>location of follow-up visit</u> : 1 □ Physician's Office 2 □ Clinic 3 □	Hospital 4 □ Other (s	specify)
PLEASE COMPLETE THIS FORM NO SOONEF MUST BE COMPLETED NO LATER THAN 30 D		
	Center for Health Sta DEPARTMENT OF HUM P.O. Box 14050 Portland, Oregon 97293-	IAN SERVICES
	(Continued on back	

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

OCAL FICIAL	COUNTY				SE EFFECTIV	VE				
	L GROOM'S NAME	First		Middle		Last				
GROOM	2. BIRTHPLACE (State	e or Foreign Country	3. DA	TE OF BIRTH (Most), I	Asy, Year)	4. AGE (1	8 or older, 17 w	ith consent)		
	5. SEX 6.	OCCUPATION			7 PREVIO	US MARITAL S	TATUS (Single	Widowit Exercisely		
o	ENGLA MARILU					7. PREVIOUS MARITAL STATUS (Single, Widowed, Divocted)				
		Sa. FATHER'S NAME (First, Middle, Last)			Nb. HIRTH	Rb. HIRTHPLACE (State or Foreign Country)				
	9a. MOTHER'S NAM	E (First, Middle, Ma	iden Surname)		96. BURTH	PLACE Guss or F	breign Country)			
WAIVER	10: GROOM'S ADDR	ESS Stre	et and Number	City or Town	Con	unty	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	Lust				
BRIDE	126 MAIDEN SURN	AME (If Different)		12c. PREVI	OUS NAME OF Diffe	HING				
	13. BIRTHPLACE (Sta	or of Pointer Poulle	n Iran	ATE OF BIRTH (Month.			18 or older, 17	Consessor divis		
.			7	ALE OF BUILTI (MIRE)	100000000000000000000000000000000000000					
٦	16. SEX 17	OCCUPATION			18. PREVI	OUS MARITAL:	STATUS (Kingle	, Wistowed, Divorced)		
	19s. FATHER'S NAM	S. Distriction Las	-0	h-	19b. BHCT	HPLACE (State or	Foreign Country)			
WALVER	20s. MOTHER'S NAM	ME (First, Mid.), N	faidel Sphares)		20b. BIRT	HPLACE (State or	Furnign Country)			
WA	21. BRIDE'S ADDRE	SS (St	reet and Number)	City or Tilwo	Co	unty	State	Zip		
- 1	22. If affidavit is requi	If affidavit is required as proof of age, the name and address of the afficient. Name: Address:								
CHATURES	Name WE HEREBY C THAT WE ARE 23. GROOM'S LEG/	ERTIFY THAT TI FREE TO MARK AL SIGNATURE TOU NOR YOUR SIN CAND AT THE SAM	HE INFORMATION Y UNDER THE LA DUSE IS THE PROPE SETIME TO LIVE W	Address N PROVIDED IS COULD AWS OF THIS STATE 24 EXTY OF THE OTHER THE	BRIDE'S LEGAL HE LAWS OF THE ST THEE FROM VIOLEN	SIGNATURE ATE OF DIVEGON A CE AND ABUSE	OFFIRM YOUR R	IGHT TO ENTER IN		
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Appendix D: Sample forms — Record of Dissolution of Marriage or Annulment



_	This declaration of domestic partnership 1. Partner A – Legal name: First	Middle	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Last	ity titli to k	, c , una	
	1. Tather A – Legarname. Prist	Wildlie					
	2. Surname at birth (if different than current legal name):		3. Other	legal surnames used:			
	Birthplace (state or foreign country): 5. Date of	f birth (month, day	, year):	6. Age (1	6. Age (18 or older):		
	7. Sex: 8. Current status (never married, widowed, di	vorced): 9a. Re	sident county:	9b. Resi	dent state:		
	9c. Mailing address: Number and street	City or town		State	Country	ZIP coo	
	9C. Maining address. Number and street	City of town		State	Country	ZIF CO	
	10. Partner A legal name taken after domestic partnership:	First	Middle	Last			
	11. Partner B – Legal name: First M	Middle		Last			
	12. Surname at birth (if different than current legal name):		13. Other	legal surnames used	:		
	14. Birthplace (state or foreign country): 15. Date of	of birth (month, da	y, year):	16. Age	(18 or older):		
	17. Sex: 18. Current status (never married, widowed, a	divorced): 19a. I	Resident county:	19b. Res	ident state:		
	19c. Mailing address: Number and street	City or town		State	Country	ZIP co	
	20. Partner B legal name taken after domestic partnership:	First	Middle	Last			
	20. Tartier B regai mano tanon arter domestic partiers inp.	11100	Midale	Zust			
	in Oregon and am otherwise capable to enter into this relations no material omissions of fact to the best of my knowledge and tobtain a judgment of dissolution or annulment of the domestic proceeding related to the partners' rights and obligations, even i Signature partner A (current name) county of The	belief. I consent to partnership or for I if one or both partn Date his instrument w	the jurisdiction of the gal separation of the se	ne circuit courts of Or the partners in the dom n or to maintain a dom	regon for the purp testic partnership, micile in this state	ose of an action or for any othe	
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	no material omissions of fact to the best of my knowledge and tobtain a judgment of dissolution or annulment of the domestic proceeding related to the partners' rights and obligations, even in the state of the sta	partnership or for it of the partnership or for it of partnership. I declare the belief. I consent to partnership or for if one or both partnership or for or both partnership or for it one or	the jurisdiction of the geal separation of the ters cease to reside it the ters cease to reside it as acknowledged as acknowledged the ters of the ters cease to reside it above (Parmer A); Information and reproduction of the ters cease to reside it reside it reside to reside it reside to reside it.	I am at least 18 year escentations contained to the circuit courts of O the partners in the dom nor to maintain a doi of	regon for the purp estic partnership, micile in this state s of age; I and/or I therein are true, c regon for the purp estic partnership, micile in this state	ose of an action or for any othe	
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		The information below is optional and will not appear on certified copies of the RECORD.									
	20. Number of this partnership (include marriages and domestic partnerships) 1st, 2nd, etc. (specify below):	If previously married or part of a domestic partnership, how did it end? By death, divorce, dissolution or annulment? (specify below)	(if yes, specify):	23. Race(s):	24. Education - highest grade completed (specify below):	25. Occupation:					
Partner A	20a.	21a.	22a.	23a.	24a.	25a.					
Partner B		21b.	22b.	23b.	24b.	25b.					

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 Declaration of Registered Domestic Partnership

Healt CEANGE FOR MEAN AUTHOR SEARCE S	h	CORD OF DISSO	DLUTION O	F DECLARA	136- TION OF		
CENTER FOR HEALTH	SIAHSHGS	REGISTERED	DOMESTIC	PARTNERS	HIP		
	Local file number				State	file number	
PARTNER A	Partner A — Legal name: <i>(Fii</i>	st, middle, last, suffix)			Other legal surnames	used:	
	Date of birth: (Month, day, year)		4. Birthplace: (State,	, territory or foreign country	у)	
5. 1	Residence or tegal address:	Street and number		5a. City, town:	5b. County:		5c. State:
PARTNER B	Partner B — Legal name: (Fi	rst, middle, last, suffix)			7. Other legal surnames	used:	I
8.	Date of birth: (Month, day, year)		9. Birthplace: (State,	territory or foreign country	y)	
10.	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)	arlnership filed:		11a. County or state	in which filed:		<u> </u>
12.	Date last resided in same hou (Month, day, year)	sehold: 13. Number of date	of children under 18 ye in item 12:	ears of age in this househo			Partner 8 🔲 Both
ATTORNEY 15a	. Name of petitioner's attorney.		15b. Addres	ss: (Street and number, cit	y or town, state, ZIP code)	j	
16e	i. Name of respondent's attorni	эу:	16b. Addres	ss: (Street and number, cit	ly 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	rhose physical custody was Partner B No children	21. County	of decree:		22. Title of o	court:
23.	Signature of court official:		24. Title of	court official:		25. Date sig	gned: (Month, day, year)
							N-
	Infe	ormation below will not a	nnear on the ce	urtified conies of th	ne record		
Fi	umber of this domestic intnership- rst, second, etc.: specify below)	If previously married or in a do how did it end? (By death, divo or annulment) (Specify below)	mestic partnership, prce, dissolution, Date:	28. Hispanic origin:	29. Race(s): Asian, Ame or Alaskan Native, V or African American, Hawaiian or other Pa	, Native	(Specify below highest
PARTNER A	point DEIOW)	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)