APPENDIX D: SAMPLE FORMS

Appendix D: Sample forms — Certificate of Live Birth

Center for Health Statistics 136- Type or print in permanent black ink. State File Number State File Number 1. CHILD 1. CHILD 2. SEX 3a. DATE OF BIRTH (Month, Day, Year) 3b. TIME OF BIRTH 4b. FACILITY OF BIRTH 4b. FACILITY OF BIRTH State File Number State File Number A. COUNTY OF BI 4b. FACILITY OF BIRTH 4c. CITY, TOWN, OR LOCATION OF BIRTH 5a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) 5b. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) 5c. MOTHER'S RESIDENCE – STATE 5d. COUNTY 5c. MOTHER'S RESIDENCE – STATE 5d. COUNTY 5c. STREET AND NUMBER 5g. ZIP CODE	
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6a. DATE OF BIRTH (Month, Day, Year) 6b. BIRTHPLACE (State, Territory, or Foreign Country)	
7. FATHER/SECOND PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)	-
FATHER/	
SECOND 8a. DATE OF BIRTH (Month, Day, Year) 8b. BIRTHPLACE (State, Territory, or Foreign Country)	
9a. INFORMANT'S NAME 9b. INFORMANT'S RELATIONSHIP TO CHILD	
INFORMANT 9c. INFORMANT'S SIGNATURE — I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.	
SIGNATURE	
10a. CERTIFIER'S NAME 10b. CERTIFIER'S TITLE 10c. CERTIFIER'S ADDRESS CERTIFIER 10c. CERTIFIER'S ADDRESS	
10d. CERTIFIER'S SIGNATURE — I certify that this child was born alive at the place, time and date stated. IDe. DATE SIGNED SIGNATURE	(Month, Day, Year)
11a. REGISTRAR'S SIGNATURE 11b. DATE FILED (A	Nonth, Day, Year)
	□ No □ Unknown
13. MOTHER'S MAILING ADDRESS — Check if same as Mother's residence, OR	
13a. STATE 13b. CITY, TOWN, OR LOCATION 13b. STREET AND NUMBER	
	13d. ZIP CODE
13e. RESIDENCE INSIDE CITY LIMITS? (Check appropriate answer) U Yes, D No, D Urknown 13f. PRIMARY TELEPHONE NUMBER 13g. SECONDARY TELEPH	
13e. RESIDENCE INSIDE CITY LIMITS? (Check appropriate answer) 13f. PRIMARY TELEPHONE NUMBER 13g. SECONDARY TE Yes No Unknown 14a. REQUEST A SOCIAL SECURITY 14b. MOTHER:5 NUMBER FOR THIS CHILD? Check if none Urgs No	ELEPHONE NUMBE
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	33. OTHER PREGNANCY OUTCOMES (Spon 33a. COMBINED # OTHER OUTCOMES	taneous and Induced terminations, ecotopic b 33b. DATE OF LAST OTHER OUTCOME (A		34. MOTHER TESTED FOR HIV?	
	35. PREGNANCY RISK FACTORS (Check all t Diabetes — Gestational Diabetes — Pre-pregnancy Hypertension — Pre-pregnancy (Chronic Hypertension — Gestational	Hypertension — Eclampsia Previous Preterm Births (<37 completed) Pregnancy resulted from infertility treated	ed weeks gestation)	Mother had a previous cesarean delivery How many? None of the above	
MOTHER	36. MOTHER TESTED FOR: (Check all that apply) □ Syphillis □ Group B Strep	37. INFECTIONS PRESENT and/or TREATED (Check all that apply) © Concrete all Hepatitis B Dypatities and the apply of the above Onlamydia all Noré of the above	38. OBSTETRIC PROCEDURES (Check all that apply) □ Cervical cerclage □ Tocolysis □ External cephalic version successful □ External cephalic version failed □ None of the above	39. ONSET OF LABOR □ Premature rupture ≥ 12 hours □ Precipitous labor < 3 hours □ Prolonged labor ≥ 20 hours □ None of the above	
	40. CHARACTERISTICS OF LABOR AND DEL Induction of labor Steroids for Augmentation of labor Antiborics of	fetal lung maturation prior to delivery Clin	nical chorioamnionitis diagnosed during labor or n idural or spinal anesthesia during labor	naternal temp. ≥ 38°C □ Unknown □ None of the above	
	41. METHOD OF DELIVERY 41a. FETAL PRESENTATION AT DELIVERY Cephalic Other Breech Unknown		IVERY ginal/vacuum □ Unknown sarean — If Cesarean, was a trial of labor atter	npted? □ Yes □ No	
	42. MATERNAL MORBIDITY (Check all that ap	Ruptured uterus DAd Unplanned hysterectomy	mission to intensive care unit planned operating room procedure following de		
l	43. MOTHER TRANSFERRED TO THIS FACIL	ITY PRIOR TO DELIVERY?	44. INFANT TRANSFERRED FROM THIS FA	CILITY AFTER DELIVERY?	
ſ	45. INFANT'S MEDICAL RECORD # (optional)	46. BIRTH WEIGHT lbs./oz. OR g	47. APGAR 5 min 10 min.	48. OBSTETRIC ESTIMATE OF GESTATION (weeks)	
	49. PLURALITY (Single, Twin, Triplet, etc.)	50. BIRTH ORDER (1st, 2nd, 3rd, 4th, etc.)	51. NUMBER BORN ALIVE THIS DELIVERY	52. INFANT ALIVE AT TIME OF REPORT?	
	53. INFANT BREASTFED AT DISCHARGE? ☐ Yes ☐ No	54. ABNORMAL CONDITIONS OF THE NE Assisted ventilation required immedia Assisted ventilation for more than 6 h Newborn given surfactant replacement	ttely	orn for suspected neonatal sepsis ysfunction	
NEWBORN	55. CONGENITAL ANOMALIES (<i>Check all thal</i> Anencephaly Meningomyelocele/Spina bifida Cyanotic congenital heart disease Congenital diaphragmatic hernia Omphalocele Gastroschisis	t apply) Limb reduction defect Cieft lip with or without cleft palate Cieft palate alone Down Syndrome, karyotype confirme Down Syndrome, karyotype pending Down Syndrome, karyotype unknown	g Done of the anomalies listed above		
	56a. WAS HEARING TEST PERFORMED?	56b. TEST DATE (Month, Day, Year)	56c. TEST RESULTS — Left ear Pass Equipment failure Refer Physical condition Equipment type used: A-ABR OAE	56d. TEST RESULTS — Right ear Pass Equipment failure Refer Physical condition Equipment type used: A-ABR OAE	
	57a. DID INFANT RECEIVE HEPATITIS B VACCINE?	57b. DATE ADMINISTERED (Month, Day, Year)	57c. MANUFACTURER	57d. LOT NUMBER	
	58. MOTHER HBsAg+? □ Positive □ Neg	ative Unknown Not screened	1	1	
45-1 (03/15)	59a. DID INFANT RECEIVE HEPATITIS B IMMUNE GLOBULIN (<i>HBIG</i>)?	59b. DATE ADMINISTERED (Month, Day, Year)	59c. MANUFACTURER	59d. LOT NUMBER	

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

Cent		REPO TERMINAT	ION OF PRE	GNANCY		
	ter for Health Statistics Informati	ion is PRIVAT	E and CONFID	ENTIAL	STATE FI	LE NUMBER
	acility se only		2	Date termination pe	formed:	3. Patient's age:
	(Patient ID/Facility Chart/Case No.) Patient's residence address:	•••••		(Month/Day/Year)		5. Inside city limits?
	(City)	(County)			(Zip)	□ Yes □ No
6.	Date last normal menses began: //(Month/Day/Ye	/ ear)	Facility 7. use only	Clinical estimation of	gestationa npleted we	•
8.	Previous live births (enter a number or "none	· :			,	
TO O	a. Live births now living: b. Live births now dead:			 Miscarriages, Stillb NOT include this terr 		Deaths:
1 0). Marital status: Never Married Now	 Married □	••••••••••••••••••••••••••••••••••••••	regon Registered Dor	· · · · · · · · · · · · · · · ·	
COMPLETED BY PATIENT	. Education: Bth grade or less; none 9th-12th grade; no diplon High school graduate or 0	na 🗆	Some college cr Associate's degr Bachelor's degr			r's degree rate or professional degree wn
12	2. Is patient of Hispanic origin?	13. Patien	t's race (select or	ne or more):		•••••••••••••••••••••••••••••••••••••••
R K	□ No, not Spanish/Hispanic/Latina	:	White	Black or African	American	
Ř	 Yes, Mexican, Mexican-American, Chica Yes, Puerto Rican 	no 🗌	American Indian (specify tribe(s))	or Alaska Native		
Ę	□ Yes, Cuban		Asian Indian	□ Chinese	🗆 Filipin	0
-1	Yes, other Hispanic Origin	•	Japanese	C Korean	Vietna	mese
	(specify):		Other Asian (spe Native Hawaiian		□ Guam	anian or Chamorro
			Other Pacific Isl	ander (specify):		
			Other (specify):			••••••
14	4. Was birth control being used at the time pa	•	egnant? 🗆 Yes	🗆 No 🗆 Unknov	'n	
	If yes, specify method(s) below (check all t Birth Control Pill Hormone Implant		Patch	Condoms, Propl	vlactics	Rhythm NuvaRing
	□ Non-surgical sterilization; e.g., Essure		y Contraception	Contraceptive Ir	•	
	Other (specify):					
15	5. Name of facility where termination occurred	:		Y		
	5. Location of termination:					
	(City)	(Cou	nty)	(Sta	e)	(Zip)
17		manay (chock o				
	7. Primary procedure that terminated this preg			ten energia de la compañía de la comp		- (-)
	Suction Curettage Medical – Mifep	ristone 🗆	Other medical (N	Non-surgical); specify arp Curettage (D & C		
	Suction Curettage Medical – Mifep Dilation and Evacuation (D & E)	ristone 🗆	Other medical (N	Non-surgical); specify arp Curettage (D & C		n(s): Hysterotomy/Hysterectomy
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PLEASE COMPLETE THIS FORM NO SOONER THAN 2 WEEKS FOLLOWING THE DATE OF TERMINATION. FORM MUST BE SUBMITTED NO LATER THAN 30 DAYS FOLLOWING THE DATE OF TERMINATION OF PREGNANCY.

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

		Here	alth			136-		
	Local file numbe	ar APPLICATION,		R FOR HEALTH S		RIACE	State file number	
LOC	CAL County: CIAL	ATTLICATION,	License e on or aft	ffective	J OF MAK	License expin (month, day,	res year):	
PARTY A:	PARTY A is (ch	eck one): Groom Bride	Spouse					
Groom,	1a. Legal name: F	irst	Mid	dle l		Last		
Bride or Spouse	1b. Legal name at	birth (if different):		1c. Previous na	me (if different):			
	2. Birthplace (sta	te or foreign country):	3. Date of birth (mont	h, day, year):		4. Age (18 or o	lder, 17 with consent):	
RM	▼ 5. Sex:	6. Occupation:		7	. Previous marital	status (single, 1	widowed, divorced):	
CONSENT FORM WAIVER	KLUNG 8a. Father's name	e (first, middle, legal surname pr	ior to first marriage):	8	b. Birthplace (stat	e or foreign coi	untry):	
CONSENT	9a. Mother's nam	e (first, middle, legal surname p	rior to first marriage):	9	b. Birthplace (stat	e or foreign coi	untry):	
	10a. Address: Stre	eet and number	City or town	State/c	ountry	ZIP	10b. County of residence:	
	11. Legal name ta	ken after marriage: First	Mid	dle		Last	1	
PARTY B:		eck one): Groom Bride	Spouse			T		
Groom, Bride or	12a. Legal name:	12a. Legal name: First Middle				Last		
Spouse	12b. Legal name a	at birth (<i>if different</i>):		12c. Previous name (if different		i:		
	13. Birthplace (sta	ate or foreign country):	14. Date of birth (mon	th, day, year):		15. Age (18 or a	older, 17 with consent):	
DRM	m 16. Sex:	17. Occupation:	1	18. Previous marital status (single, widowed, divorced):				
CONSENT FORM WAIVER	19a. Father's nam	e (first, middle, legal surname p	rior to first marriage):	19	19b. Birthplace (state or foreign country):			
CONSEN' WAI VER	20a. Mother's nar	me (first, middle, legal surname	prior to first marriage):	2	0b. Birthplace (sta	ate or foreign co	ountry):	
	21a. Address: Stre	eet and number	City or town	State/c	country	ZIP	21b. County of residence:	
	22. Legal name ta	aken after marriage: First	Mic	Idle		Last	1	
AFFIDAVIT OF AGE	23. 🗌 Party A –	- name and address of affiant:			7			
	24. 🗌 Party B —	- name and address of affiant:	\mathcal{A}					
SIGNATURES	We hereby certig the laws of this	fy that the information provid state.	ed is correct to the bes	t of our knowled	ge and belief and	l that we are fi	ree to marry under	
	25. Party A's leg		Date:	26. Party B's l	egal signature:		Date:	
	Neither you nor	your spouse is the property of , to live within the marriage fr	the other. The laws of the from violence and a	he State of Orego	on affirm your rig	ght to enter into	o marriage and,	
LICENSE TO MARRY	This license auth	norizes the marriage in this sta f the State of Oregon.			rson duly authori	zed to perform	a marriage ceremony	
MARRY	27. Date license is		e of issuing official:	ssuing official:		29. Title of issuing official:		
CEREMONY	30a. Date of marr	iage: 30b. Where	married (city, town or lo	cation):	30c. County:			
ONLY	31a. I certify that performing c	31a. I certify that the above named persons were married on the date listed above (30a). Si performing ceremony (officiant): 31c. Name and address of officiant (person performing ceremony): 31c. Name and address of officiant (person performing ceremony):					OREGON	
OFFICIAL USE ON	•						tion/organization of officiant:	
CIAL	Name:	areas or ornerant (person perfor-	ming ceremony). 31d.	Name:	or aumorizing fel	isious congrega	aonorganization of officiant:	
OFFL	Address:			Address:				
-	Phone:			Phone:				
	32. Witness name	(print):		33. Witness na	ame (print):			
LOCAL	34. Signature of c	ounty official:			35. Date filed b	y county officia	al (month, day, year):	
OFFICIAL								

 ORS.432.010 required statistical information: The information below will not appear on the certified copies of the record.

 36. Party A's Social Security number (specify number, none or unknown):
 37. Party B's Social Security number (specify number, none or unknown):

	38. Number of this marriage — first, second, etc. (specify below):	 If previously married, the date a marriage ended: By death, divorce, dissolution or annulment (specify below): 	Date	40. Race — OPTIONAL such as Asian, American Indian, African Americian, White, etc. (specify below):	 41. Education (spechights) 41. Education (spechights) 41. Education (spechights) 42. Education (spechights) 43. Education (spechights) 44. Education (spechights)	ompleted): College
PARTY A	38a.	39a.	39b.	40a.	41a.	
PARTY B	38b.	39c.	39d.	40b.	41b.	

The authorized person performing this marriage is required to return the original copy of this form to the county clerk within five (5) days following the date of the marriage (ORS 432.173). A penalty may be assessed (ORS 106.990). <math display="block">45-4~(4)45-4 (4/14) ORIGINAL - VITAL RECORDS COPY

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

file nun	Declaration of (Oregon Regist	tered Domesti	c Partnershin	State file nu
Г	This declaration of domestic	<u> </u>		-	to be valid.
	1. Partner A – Legal name: First	Middle		Last	
	2. Surname at birth (if different than current le	egal name):	3. Other le	gal surnames used:	
V	4. Birthplace (state or foreign country):	5. Date of birth (mor	nth, day, year):	6. Age (18 or older):	:
Partner A	7. Sex: 8. Current status (never mark	ried, widowed, divorced):	9a. Resident county:	9b. Resident state:	
Pai	9c. Mailing address: Number and street	City or to	wn	State Counti	ry ZIP cod
			Middle	Last	<u> </u>
	10. Partner A legal name taken after domestic	partnersnip: First	Middle	Last	
	11. Partner B – Legal name: First	Middle		Last	
	12. Surname at birth (if different than current i	legal name):	13. Other l	egal surnames used:	
в	14. Birthplace (state or foreign country):	15. Date of birth (mo	onth, day, year):	16. Age (18 or older	·):
Partner B	17. Sex: 18. Current status (never ma	rried, widowed, divorced):	19a. Resident county:	19b. Resident state:	
Part	19c. Mailing address: Number and street	City or to	wn	State Count	ry ZIP co
	20. Partner B legal name taken after domestic	partnership: First	Middle	Last	
	in Oregon and am otherwise capable to enter i no material omissions of fact to the best of my obtain a judgment of dissolution or annulment proceeding related to the partners' rights and o Signature partner A (current name)	nto this relationship. I declar knowledge and belief. I cor of the domestic partnership ibligations, even if one or bo	re the information and repress sent to the jurisdiction of the or for legal separation of the th partners cease to reside in State of te	circuit courts of Oregon for the partners, in the domestic partner or to maintain a domicile in thi	rue, correct and contain e purpose of an action ership, or for any other
	in Oregon and am otherwise capable to enter in no material omissions of fact to the best of my obtain a judgment of dissolution or annulment proceeding related to the partners' rights and o signature partner A (current name) county of	nto this relationship. I declar knowledge and belief. I cor of the domestic partnership biligations, even if one or bo Da Da	re the information and repressent to the jurisdiction of the or for legal separation of the other partners cease to reside in the state of the state	entations contained herein are th circuit courts of Oregon for th partners in the domestic partner on tormaintain a domicile in thi	rue, correct and conta e purpose of an action rship, or for any other is state.
	in Oregon and am otherwise capable to enter i no material omissions of fact to the best of my obtain a judgment of dissolution or annulment proceeding related to the partners' rights and o Signature partner A (current name)	nto this relationship. I declar knowledge and belief. I cor of the domestic partnership biligations, even if one or bo Da Da	re the information and repressent to the jurisdiction of the or for legal separation of the other partners cease to reside in the state of the state	entations contained herein are th circuit courts of Oregon for th partners in the domestic partner on tormaintain a domicile in thi	rue, correct and conta e purpose of an action rship, or for any other is state.
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notaries	in Oregon and am otherwise capable to enter i no material omissions of fact to the best of my obtain a judgment of dissolution or annulment proceeding related to the partners' rights and o Signature partner A (current name) county of by Signature of notarial officer: My commission expires:	nto this relationship. I declan 'knowledge and belief. I cor of the domestic partnership ibligations, even if one or bo 	re the information and represensent to the jurisdiction of the sense of or legal separation of the the partners cease to reside in the state of the sense to reside the state of the sense to the sense to the sense of the sense to the sense	participas contained herein are to circuit courts of Oregon for the partness in the domestic partne or tormaintain a domicile in thi end of the second second second second efforce me on	rue, correct and conta e purpose of an action rship, or for any other is state.
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Local V Signatures/notaries	in Oregon and am otherwise capable to enter i no material omissions of fact to the best of my obtain a judgment of dissolution or annulment proceeding related to the partners' rights and o Signature partner A (current name) county of	nto this relationship. I declar knowledge and belief. I cor of the domestic partnership ibligations, even if one or bo This instrum This instrum (name(s)) stic partnership with the par- into this relationship. I declar istore partnership with the partnership bihrationship. This instrum 	re the information and repress assent to the jurisdiction of the or for legal separation of whe th partners cease to reside the state of te State of te State of te State of te State of te State of the state of the state of the state of the state of the state of the state of the state of the state of the state of	participant courts of Oregon for the circuit courts of Oregon for the partner, in the domestic partner of the partner of Oregon for the partners in the domestic partner or to maintain a domicile in the f	rue, correct and conta e purpose of an action rship, or for any othe is state. (date (date (date (date) nd/or my partner resis true, correct and cont e purpose of an action ership, or for any othe is state.

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):	21. 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):	 Education - highest grade completed (specify below): 	25. Occupation:
	20a.	21a.	22a.	23a.	24a.	25a.
Partner A						
Partner B	20b.	21b.	22b.	23b.	24b.	25b.
I						45 6 (10/00)

Appendix D: Sample forms — Record of Dissolution of Marriage, Annulment or Registered Domestic Partnership

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	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 judgment.
	Case number:
	Judgment type: Dissolution of marriage Annulment Dissolution of registered domestic partnership(RDP)
Spouse /	1. Spouse/Partner A – Legal name: (first, middle, last, suffix) 2. Last name at birth: (not required for RDP)
Partner A	3. Residence or legal address: (street and number) (city or town) (county) (state)
	4. Other legal last names used:
l	5. Date of birth: (mm/dd/yyyy) 6. Birthplace: (state, territory or foreign country)
Spouse /	7. Spouse/Partner B – Legal name: (first, middle, last, suffix) 8. Last name at birth: (not required for RDP)
Partner B	9. Residence or legal address: (street and number) (city or town) (county) (state)
	10. Other legal last names used:
l	11. Date of birth: (mm/dd/yyyy) 12. Birthplace: (state, territory or foreign country)
Marriage /	13. Date of marriage / filing of RDP declaration: (mm/dd/yyyy) 14. Date couple last resided in same household: (mm/dd/yyyy)
Declaration	15a.Place of marriage/RDP: (city, town or location) 15b.County:
	16. Number of children under 18 in this household as of the date in tem 14 17. Petitioner:
•	Number: None Spouse/Partner A
Attorney	18a.Name of petitioner's attorney: (print) 18b. Address: (street and number or rural route number, city or town, state, ZIP code)
	19a.Name of respondent's attorney: (print) 19b. Address: (street and number or rural route number, city or town, state, ZIP code)
Judgment	20. Marriage/RDP declaration of the above named persons was dissolved on: (mm/dd/yyyy) 21. Date judgment becomes effective: (mm/dd/yyyy)
ouugment	22. Number of children under 18 whose physical sustory was awarded to:
	Spouse/Partner ASpouse/Partner BJoint (shared custody)Other (specify) Discrete No children
	23. County of decree: 24. Title of court: Circuit
	25. Signature of court official: 26. Title of court official: 27. Date signed: (mm/dd/yyyy)

_	Information below will not appear on the certified copies of the record.								
	28. Spouse A's Social Security number: (not required for RDP)					29. Spouse B's Social Security number: (not required for RDP)			
	30. Number of this marriage/RDP – first, second, etc.		RDP date last marriage/RDP		32. Hispanic origin: Cuban, Mexican, Puerto Rican			 Education – Spe grade completed 	
l l	Marriage RDP		By death, divorce, dissolution or annulment (specify below)		List all that apply (s below)	specify	List all that apply (specify below)	Elementary/Secondary: (grades 0-12)	College: (1-4 or 5+)
	30a.	30b.	31a.	31b.	32a.		33a.	34a.	34b.
Spouse /									
Partner A									
Spouse /	30c.	30d.	31c.	31d.	32b.		33b.	34c.	34d.
Partner B		1		1					
		1							
-									45-12 (08/14)