**Appendix D: Sample forms**

![Sample Report of Fetal Death Form](image-url)

**1. NAME OF FETUS**
- [ ] Optional (First, Middle, Last, Suffix)

**2. TIME OF DELIVERY**
- [ ] (24 h)

**3. SEX**

**4. DATE OF DELIVERY**
- [ ] (Month, Day, Year)

**5a. FACILITY NAME**
- [ ] (If not an institution, give street and number)

**5b. CITY, TOWN, OR LOCATION OF DELIVERY**
- [ ]

**5c. ZIP CODE**
- [ ]

**5d. COUNTY OF DELIVERY**
- [ ]

**6a. MOTHER'S CURRENT LEGAL NAME**
- [ ] (First, Middle, Last, Suffix)

**6b. MOTHER'S NAME PRIOR TO FIRST MARRIAGE**
- [ ] (First, Middle, Last, Suffix)

**6c. DATE OF BIRTH (Month, Day, Year)**
- [ ]

**6d. BIRTHPLACE**
- [ ] (State, Territory, or Foreign)

**6e. RESIDENCE OF MOTHER**
- [ ] (State)

**6f. COUNTY**
- [ ]

**6g. CITY, TOWN, OR LOCATION**
- [ ]

**6h. STREET AND NUMBER**
- [ ]

**6i. ZIP CODE**
- [ ]

**6j. UNINCORPORATED CITY**
- [ ]

**7a. FATHER'S CURRENT LEGAL NAME**
- [ ] (First, Middle, Last, Suffix)

**7b. DATE REPORT COMPLETED**
- [ ] (Month, Day, Year)

**7c. NAME AND TITLE OF PERSON COMPLETING REPORT (Type or print)**

**7d. NAME AND TITLE OF ATTENDANT (Type or print)**

**7e. IF SERVICES: FUNERAL HOME NAME AND ADDRESS**

**7f. DATE FILED BY REGISTRAR**
- [ ]

**7g. REGISTRAR - SIGNATURE**

**8a. INITIATING CAUSE/CONDITION**

(Among the choices below, please select the one which most likely began the sequence of events resulting in the death of the fetus.)

Maternal Conditions/Diseases (Specify):

Complications of Pregnancy, Obstetric, or Membranes:
- [ ] Rupture of membranes prior to onset of labor
- [ ] Abruptio placenta
- [ ] Placental insufficiency
- [ ] Other (Specify):

Other Obstetric or Pregnancy Complications (Specify):

Fetal Anomaly (Specify):

Fetal Injury (Specify):

Fetal Infection (Specify):

Other Fetal Conditions/Diseases (Specify):

Unknown

***13a. ESTIMATED TIME OF FETAL DEATH***

[ ] Dead at time of first assessment; no labor ongoing

[ ] Dead at time of first assessment; labor ongoing

[ ] Dead during labor, after first assessment:

[ ] Unknown time of fetal death

***13b. WAS AN AUTOPSY PERFORMED?***

[ ] Yes [ ] No [ ] Planned

***13c. WAS A HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED?***

[ ] Yes [ ] No [ ] Planned

***13d. WERE AUTOPIES OR HISTOLOGICAL PLACENTAL EXAMINATIONS USED IN DETERMINING THE CAUSE OF FETAL DEATH?***

[ ] Yes [ ] No