Oregon Health Authority
Oregon Public Health
Center for Health Statistics

Monthly Report of Death

Institution name and city: _____

Month and year of report: _____

☐ Check here if there are no deaths to report.

Full name of decedent	Date of birth	Date of death	Gender	Funeral home/City/State	Date released	CHECK IF FETAL DEATH (See reporting requirements below.)
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

Reporting requirements: Fetal weight is 350 grams or more/
If weight unknown, 20 completed weeks' gestation or more.

Do not list induced terminations of pregnancy.