

## Monthly Report of Death as required by ORS 432.083(5)

Institution name and city:  Month and year of report:				Submit this form once a month to the Center for Health Statistics.  Email: <a href="mailto:monthly.deaths@oha.oregon.gov">monthly.deaths@oha.oregon.gov</a> (send by secure email only)  Fav: 074 673 1201  For: 074 673 1201			
☐ Check here if there are no deaths to report.			Fax: 971-673-1201				
Full Name of Decedent (Last, First Middle) (List chronologically by date of death)	Date of Death	Date of Birth	Sex (M/F/X)	Funeral Home / City / State	Release Date of Remains	Check if a Fetal Death*	

<sup>\*</sup> Fetal Death Reporting Requirements: •Fetal weight 350 grams or more. •If weight is unknown, the gestation period is greater than 20 weeks. Do not list induced terminations of pregnancy.