Appendix D: Sample forms
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. <strong>Newborn's Medical Record Number</strong></td>
<td></td>
</tr>
<tr>
<td>44. <strong>Birth Weight</strong></td>
<td>grams, lbzt</td>
</tr>
<tr>
<td>45. <strong>Obstetric Estimate of Gestation</strong></td>
<td></td>
</tr>
<tr>
<td>46. <strong>APgar Score</strong></td>
<td></td>
</tr>
<tr>
<td>47. <strong>Plurality</strong></td>
<td></td>
</tr>
<tr>
<td>48. <strong>Is the Newborn Being Breast-Fed at Discharge?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td>50. <strong>Abnormal Conditions of the Newborn</strong></td>
<td></td>
</tr>
<tr>
<td>51. <strong>Congenital Anomalies of the Newborn</strong></td>
<td></td>
</tr>
<tr>
<td>53. <strong>Was Newborn Metabolic Screening Performed?</strong></td>
<td>Yes, No</td>
</tr>
</tbody>
</table>

**SAMPLE**

**MOTHER**

36. **Risk Factors in This Pregnancy** (Check all that apply)
- Diabetes (Diagnosis prior to pregnancy)
- Gestational Diabetes (Diagnosis in this pregnancy)
- Hypertension
- Previous preterm birth
- Other previous poor pregnancy outcome (includes perinatal death, small for gestational age, intrauterine growth restriction, etc.)
- Pre-Pregnancy resulted from infertility treatment - if yes, check at that apply.
- Methadone, heroin, cocaine, or other illegal drugs or alcohol
- Chest pain during pregnancy
- If so, average number of drinks per week
- None of the above

40. **Infections Present and/or Treated During This Pregnancy** (Check all that apply)
- Syphilis
- Hepatitis B
- Hepatitis C
- Herpes Simplex (HSV)
- None of the above

41. **Maternal Morbidity** (Check all that apply)
- Complications associated with labor and delivery
- Mammoneal tearing
- Third or fourth-degree perineal laceration
- Hypertension
- Unplanned hysterectomy
- Unplanned cesarean section
- Unplanned operative room procedure following delivery
- None of the above

42. **Mother Tested for HIV During Pregnancy?**
- Yes, No

43. **Newborn's Medical Record Number**
44. **Birth Weight (grams, pounds, ounces)**
45. **Obstetric Estimate of Gestation (completed weeks)**

46. **APgar Score**
- Score at 0 minutes
- Score at 10 minutes

47. **Plurality**
- Single, Twin, Triplets, etc.

48. **Is Not Single Birth - Born First, Second, Third, etc.**

50. **Abnormal Conditions of the Newborn**

51. **Congenital Anomalies of the Newborn**
- Anencephaly
- Congenital cardiac defect
- Congenital dislocation of hip
- Congenital diaphragmatic hernia
- Cleft palate
- Cleft lip
- Down Syndrome
- Hypertension
- Hypothyroidism
- Hypothyroidism
- Hypoplasia
- None of the above

53. **Was Newborn Metabolic Screening Performed?**
- Yes, No

54. **Was Newborn Transferred Within 24 Hours of Delivery?**
- Yes, No
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NAME OF FACILITY</td>
<td>FACILITY CHART OR CASE NO.</td>
</tr>
<tr>
<td>2. FACILITY ADDRESS</td>
<td>(CITY OR TOWN) (COUNTY) (STATE) (ZIP CODE) (INSIDE CITY LIMITS - YES, NO)</td>
</tr>
<tr>
<td>3. DATE TERMINATION PERFORMED</td>
<td>(MONTH) (DAY) (YEAR)</td>
</tr>
<tr>
<td>4. PATIENT’S USUAL RESIDENCE</td>
<td>(CITY OR TOWN) (COUNTY) (STATE) (ZIP CODE) (INSIDE CITY LIMITS - YES, NO)</td>
</tr>
<tr>
<td>5. AGE LAST BIRTHDAY</td>
<td>1 □ Never Married 2 □ Now Married 3 □ Widowed 4 □ Divorced 5 □ Separated</td>
</tr>
<tr>
<td>6. MARITAL STATUS:</td>
<td>1 □ Never Married 2 □ Now Married 3 □ Widowed 4 □ Divorced 5 □ Separated</td>
</tr>
<tr>
<td>7. IS PATIENT OF HISPANIC ORIGIN?</td>
<td>1 □ Yes, specify location of follow-up visit:</td>
</tr>
<tr>
<td>8. Race (select one or more):</td>
<td>1 □ White 2 □ Black 3 □ American Indian 4 □ Chinese 5 □ Japanese 6 □ Hawaiian 8 □ Filipino 10 □ Other Asian 1 □ Other (specify)</td>
</tr>
<tr>
<td>9. EDUCATION</td>
<td>(Indicate a NUMBER for the HIGHEST grade COMPLETED): None (0) Elementary/Secondary (1-12) College (1-4, 5+)</td>
</tr>
<tr>
<td>10. PREVIOUS PREGNANCIES (Complete all four sections; enter number or check “None”)</td>
<td>a. Now Living Number b. Now Dead Number c. Spontaneous Abortions, Miscarriages, Stillbirths, and Fetal Deaths Number d. Induced Abortions Number (Do not include this termination)</td>
</tr>
<tr>
<td>11. DATE LAST NORMAL MENS BEGAN</td>
<td>Month Day Year</td>
</tr>
<tr>
<td>12. CLINICAL ESTIMATE OF GESTATION</td>
<td>Completed weeks</td>
</tr>
<tr>
<td>13. WAS PREGNANCY THE RESULT OF A CONTRACEPTIVE FAILURE?</td>
<td>1 □ No 2 □ Yes, if Yes, specify method below.</td>
</tr>
<tr>
<td>14. PROCEDURE THAT TERMINATED THIS PREGNANCY (Check only one)</td>
<td>1 □ Sharp Curettage 2 □ Medical (nonsurgical); specify medication(s) 3 □ Dilation and Evacuation (D&amp;E) 4 □ Other (specify)</td>
</tr>
<tr>
<td>15. OTHER PROCEDURES USED FOR THIS TERMINATION (Check all that apply)</td>
<td>0 □ None 1 □ Suction Curettage 2 □ Medical (nonsurgical); specify medication(s) 3 □ Dilation and Evacuation (D&amp;E) 4 □ Other (specify)</td>
</tr>
<tr>
<td>16. WAS WRITTEN POST-OPERATIVE/AFTER-CARE INFORMATION GIVEN TO PATIENT?</td>
<td>1 □ Yes 2 □ No</td>
</tr>
<tr>
<td>17. WAS FOLLOW-UP VISIT RECOMMENDED?</td>
<td>1 □ Yes 2 □ No</td>
</tr>
<tr>
<td>18. COMPLICATIONS AT TIME OF PROCEDURE (check all that apply):</td>
<td>0 □ None 1 □ Hemorrhage 2 □ Infection 3 □ Uterine perforation 4 □ Cervical laceration 5 □ Retained products 6 □ Failure of first method 7 □ Other (specify)</td>
</tr>
<tr>
<td>19. AT THE TIME OF COMPLETION OF THIS REPORT FORM, HAD A FOLLOW UP VISIT OCCURRED AT THIS FACILITY?</td>
<td>2 □ No 1 □ Yes, if yes, specify complications (check all that apply): 0 □ None 1 □ Hemorrhage 2 □ Infection 3 □ Uterine perforation 4 □ Cervical laceration 5 □ Retained products 6 □ Failure of first method 7 □ Other (specify)</td>
</tr>
<tr>
<td>20. AT THE TIME OF COMPLETION OF THIS REPORT FORM HAD A FOLLOW UP VISIT OCCURRED OUTSIDE THIS FACILITY?</td>
<td>2 □ No 1 □ Yes 3 □ Unknown 9 □ Unknown 20A. If yes, specify location of follow-up visit: 1 □ Physician’s Office 2 □ Clinic 3 □ Hospital 4 □ Other (specify)</td>
</tr>
</tbody>
</table>

PLEASE COMPLETE THIS FORM NO SOONER THAN 2 WEEKS FOLLOWING THE DATE OF TERMINATION. FORM MUST BE COMPLETED NO LATER THAN 30 DAYS FOLLOWING THE DATE OF TERMINATION OF PREGNANCY.

MAIL TO: Center for Health Statistics
OREGON DEPARTMENT OF HUMAN SERVICES
P.O. Box 14050
Portland, Oregon 97293-0050

(Continued on back) 45-113 (01-07)
# Record of Dissolution of Marriage or Annulment

**Case number:**

<table>
<thead>
<tr>
<th>Husband</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Husband's name: (first) (middle) (last)</td>
<td></td>
</tr>
<tr>
<td>2. Residence or legal address: (street and number) (city or town) (county) (state)</td>
<td></td>
</tr>
<tr>
<td>3. Date of birth: (mm/dd/yyyy)</td>
<td>4. Birthplace: (state or foreign country)</td>
</tr>
<tr>
<td>5a. Wife's name: (first) (middle) (last)</td>
<td>5b. Maiden surname:</td>
</tr>
<tr>
<td>6. Former legal names: (if any)</td>
<td></td>
</tr>
<tr>
<td>7. Residence or legal address: (street and number) (city or town) (county) (state)</td>
<td></td>
</tr>
<tr>
<td>8. Date of birth: (mm/dd/yyyy)</td>
<td>9. Birthplace: (state or foreign country)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marriage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Place of his marriage: (city, town or location)</td>
<td>10b. County:</td>
</tr>
<tr>
<td>10c. State or foreign country:</td>
<td>11. Date of this marriage: (mm/dd/yyyy)</td>
</tr>
<tr>
<td>12. Date couple last resided in same household: (mm/dd/yyyy)</td>
<td>13. Number of children under 18 in this household as of the date in item 12: Number:</td>
</tr>
<tr>
<td>15a. Name of petitioner's attorney: (print)</td>
<td>15b. Address: (street and number or rural route number, city or town, state, ZIP code)</td>
</tr>
<tr>
<td>16a. Name of respondent's attorney: (print)</td>
<td>16b. Address: (street and number or rural route number, city or town, state, ZIP code)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Marriage of the above named persons was dissolved on: (mm/dd/yyyy)</td>
<td>18. Type of decree: □ Dissolution of marriage □ Annulment</td>
</tr>
<tr>
<td>19. Date decree becomes effective: (mm/dd/yyyy)</td>
<td>20. Number of children under 18 whose physical custody was awarded to: Husband: _ Wife: _ Joint: (husband and wife) _ Other: _ □ No children</td>
</tr>
<tr>
<td>21. County of decree:</td>
<td>22. Title of court:</td>
</tr>
<tr>
<td>23. Signature of court official:</td>
<td>24. Title of court official:</td>
</tr>
<tr>
<td>25. Date signed: (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

The information below will not appear on certified copies of the record.

<table>
<thead>
<tr>
<th>Husband</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Husband's Social Security number: (specify number, none or unknown)</td>
<td></td>
</tr>
<tr>
<td>27. Wife's Social Security number: (specify number, none or unknown)</td>
<td></td>
</tr>
<tr>
<td>28. Number of this marriage - first, second, etc.: (specify below)</td>
<td>29. If previously married last marriage ended: By death, divorce, dissolution or annulment: (specify below)</td>
</tr>
<tr>
<td>30. Race(s): American Indian, Black, White, etc.: (specify below) List all that apply.</td>
<td>31. Education - Specify only highest grade completed: (specify below) Elementary/Secondary: (0 - 2) College: 1-4 or 5+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Husband</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>28a.</td>
<td>29a.</td>
</tr>
<tr>
<td>29b.</td>
<td>30a.</td>
</tr>
<tr>
<td>31a.b.</td>
<td>31b.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wife</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>28b.</td>
<td>29c.</td>
</tr>
<tr>
<td>29d.</td>
<td>30b.</td>
</tr>
<tr>
<td>31c.</td>
<td>31d.</td>
</tr>
</tbody>
</table>

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.

**ORIGINAL - VITAL RECORDS COPY**

45-5 (12/10)
Local file number

Declaration of Oregon Registered Domestic Partnership

This declaration of domestic partnership must be registered with an Oregon county clerk to be valid.

1. Partner A – Legal name: First Middle Last
2. Surname at birth (if different than current legal name): 
3. Other legal surnames used: 
4. Birthplace (state or foreign country): 
5. Date of birth (month, day, year): 
6. Age (18 or older): 
7. Sex: 
8. Current status (never married, widowed, divorced): 
9a. Resident county: 
9b. Resident state: 
9c. Mailing address: Number and street City or town State Country ZIP code 
10. Partner A legal name taken after domestic partnership: First Middle Last
11. Partner B – Legal name: First 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 birth (month, day, year): 
16. Age (18 or older): 
17. Sex: 
18. Current status (never married, widowed, divorced): 
19a. Resident county: 
19b. Resident state: 
19c. Mailing address: Number and street City or town State Country ZIP code 
20. Partner B legal name taken after domestic partnership: First Middle Last

I acknowledge that: I am entering into a domestic partnership with the party listed above (Partner B); I am at least 18 years of age; I and/or my partner resides in Oregon and am otherwise capable to enter into this relationship. I declare that the information and representations contained herein are true, correct and contain no material omissions or fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to reside in or to maintain a domicile in this state.

Signature of partner A (current name) Date State of:

county of ___________________________ This instrument was acknowledged before me on ___________________________ (date),

by ____________________________________________________________

(name(s) of person(s)).

Signature of notarial officer: ________________________________________________________________________________

My commission expires: __________________________________________________________________________

I acknowledge that: I am entering into a domestic partnership with the party listed above (Partner A); I am at least 18 years of age; I and/or my partner reside in Oregon; and am otherwise capable to enter into this relationship. I declare that the information and representations contained herein are true, correct and contain no material omissions or fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to reside in or to maintain a domicile in this state.

Signature of partner B (current name) Date State of:

county of ___________________________ This instrument was acknowledged before me on ___________________________ (date),

by ____________________________________________________________

(name(s) of person(s)).

Signature of notarial officer: ________________________________________________________________________________

My commission expires: __________________________________________________________________________

County of filing: ___________________________ Name of issuing official (print):

Local file number

The information below is optional and will not appear on certified copies of the RECORD.

20a. Number of this partnership (include marriages and domestic partnerships) 1st, 2nd, etc. (specify below): 
21a. If previously married or part of a domestic partnership, how did it end? By death, divorce, dissolution or annulment? (specify below): 
22a. Hispanic origin (if yes, specify): 
23a. Race(s): 
24a. Education - highest grade completed (specify below): 
25a. Occupation: 

Partner A 

Partner B 

20b. 
21b. 
22b. 
23b. 
24b. 
25b. 

45-6 (01/10)
# RECORD OF DISSOLUTION OF DECLARATION OF REGISTERED DOMESTIC PARTNERSHIP

<table>
<thead>
<tr>
<th>Local file number</th>
<th>State file number</th>
</tr>
</thead>
</table>

## PARTNER A

1. Partner A — Legal name: (First, middle, last, suffix)

2. Other legal names used:

3. Date of birth: (Month, day, year)

4. Birthplace: (State, territory or foreign country)

5. Residence or legal address: Street and number

6. Partner A — Legal name: (First, middle, last, suffix)

7. Other legal names used:

8. Date of birth: (Month, day, year)

9. Birthplace: (State, territory or foreign country)

10. Residence or legal address: Street and number

10a. City/town:

10b. County:

10c. State:

## DECLARATION

11. Date declaration of domestic partnership filed: (Month, day, year)

11a. County or state in which filed:

12. Date last resided in same household: (Month, day, year)

13. Number of children under 18 years of age in the household as of date in item 12:

14. Petitioner:

- Partner A
- Partner B
- Both

15a. Name of petitioner’s attorney:

15b. Address: (Street and number, city or town, state, ZIP code)

16a. Name of respondent’s attorney:

16b. Address: (Street and number, city or town, state, ZIP code)

17. Declaration of domestic partnership of above named persons was dissolved on: (Month, day, year)

18. Type of decree:

19. Date decree becomes effective: (Month, day, year)

20. Number of children under 18 whose physical custody was awarded to:

- Partner A
- Partner B
- Joint

21. County of decree:

22. Title of court:

23. Signature of court official:

24. Title of court official:

25. Date signed: (Month, day, year)

---

Information below will not appear on the certified copies of the record.

26. Number of this domestic partnership: (Specify below)

27. If previously married or in a domestic partnership, how did it end? (By death, divorce, dissolution, or annulment) (Specify below) (Month, day, year)

28. Hispanic origin:

29. Race (Select: Asian, American Indian or Alaskan Native, White, Black or African American, Native Hawaiian or other Pacific Islander) (Specify below)

30. Education: (Specify below; highest grade completed)

---

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.

**ORIGINAL - VITAL RECORDS COPY**

45-11 (01/12)