CERTIFICATE OF FETAL DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

USE BLACK INK ONLY. MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
VS 12 (8/07)

LOCAL REGISTRATION NUMBER

THIS FETUS

1A. NAME – FIRST	1B. MIDDLE	1C. LAST

2. SEX	3A. THIS FETUS, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS FETUS 1ST, 2ND, ETC.	4A. DATE OF EVENT mm/dd/ccyy	4B. HOUR (24 Hour Clock Time)

PLACE OF DELIVERY

5A. PLACE OF EVENT – NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS – Street, Number, or Location
5C. CITY	**5D. COUNTY**

FATHER/PARENT

6A. NAME OF FATHER/PARENT – FIRST	6B. MIDDLE	6C. LAST	7. BIRTHPLACE (State/Foreign Country)	8. DATE OF BIRTH mm/dd/ccyy

MOTHER/PARENT

9A. NAME OF MOTHER/PARENT – FIRST	9B. MIDDLE	9C. LAST (Birth Name)	10. BIRTHPLACE (State/Foreign Country)	11. DATE OF BIRTH mm/dd/ccyy

CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE FETAL DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

12A. SIGNATURE OF PHYSICIAN	12B. TYPED NAME AND DEGREE OF PHYSICIAN	12C. DATE SIGNED - mm/dd/ccyy	12D. LICENSE NUMBER
12E. SIGNATURE OF CORONER/DEPUTY (If Applicable)	**12F. TYPED NAME AND TITLE OF CORONER/DEPUTY**	**12G. DATE SIGNED - mm/dd/ccyy**	

FUNERAL DIRECTOR LOCAL REGISTRAR

13A. TYPE OF DISPOSITION(S)	13B. PLACE OF FINAL DISPOSITION—Name and address	14A. SIGNATURE OF EMBALMER	14B. LICENSE NUMBER

13C. DISPOSITION DATE mm/dd/ccyy	15A. NAME OF FUNERAL ESTABLISHMENT	15B. LICENSE NUMBER	16. LOCAL REGISTRAR – SIGNATURE	17. REGISTRATION DATE mm/dd/ccyy

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

CAUSE OF DEATH

18. INITIATING CAUSE OR CONDITION which most likely began the sequence of events resulting in the death of the fetus. Describe maternal conditions or diseases, complications of placenta, cord, or membranes, other obstetrical or pregnancy complications, fetal anomaly, fetal injury, fetal infection, or other fetal conditions/disorders.

IMMEDIATE CAUSE (A)

DUE TO (B)

DUE TO (C)

19. DEATH REPORTED TO CORONER? ☐ YES REFERRAL NUMBER ☐ NO

20A. AUTOPSY PERFORMED? ☐ YES ☐ PLANNED ☐ REFUSED ☐ NO

20B. HISTOLOGICAL PLACENTAL EXAMINATION PERFORMED? ☐ YES ☐ PLANNED ☐ NO

21. OTHER SIGNIFICANT CONDITIONS OF FETUS OR BIRTH MOTHER – CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN 18.

20C. AUTOPSY OR HISTOLOGICAL PLACENTAL RESULTS USED IN DETERMINING THE CAUSE OF DEATH? ☐ YES ☐ NO

GENETIC FATHER

23. IS FATHER HISPANIC, LATINO, OR SPANISH? (If yes, see worksheet on back) ☐ YES ☐ NO	22. RACE - Up to 3 races/ethnicities may be listed (See worksheet on back)	24C. EDUCATION – Highest Level/Degree (See worksheet on back)

24. DATE LAST WORKED mm/ccyy	24A. USUAL OCCUPATION	24B. KIND OF BUSINESS OR INDUSTRY

GENETIC MOTHER

26. IS MOTHER HISPANIC, LATINA, OR SPANISH? (If yes, see worksheet on back) ☐ YES ☐ NO	25. RACE - Up to 3 races/ethnicities may be listed (See worksheet on back)	27C. EDUCATION – Highest Level/Degree (See worksheet on back)

27. DATE LAST WORKED mm/ccyy	27A. USUAL OCCUPATION	27B. KIND OF BUSINESS OR INDUSTRY

BIRTH MOTHER

28A. RESIDENCE–Street and Number, or Location (Do not enter P. O. Box Numbers)	28B. CITY	28C. STATE	28D. ZIP CODE	28E. COUNTY/PROVINCE

MEDICAL AND HEALTH DATA BIRTH MOTHER AND FETUS

29A. DATE LAST NORMAL MENSES BEGAN mm/dd/ccyy	29B. DATE OF FIRST PRENATAL CARE VISIT mm/dd/ccyy	29C. NUMBER OF PRENATAL CARE VISITS	29D. PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE CODE:	29E. DATE OF LAST PRENATAL CARE VISIT mm/dd/ccyy

29F. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY?	29G. MOTHER'S HEIGHT (Feet and inches)	29H. MOTHER'S WEIGHT PREPREGNANCY (lbs)	29I. MOTHER'S WEIGHT AT DELIVERY (lbs)

31. PREGNANCY HISTORY (COMPLETE EACH SECTION)

PREVIOUS LIVE BIRTHS		OTHER TERMINATIONS (EXCLUDE INDUCED ABORTIONS)	
A. NUMBER NOW LIVING	B. NUMBER NOW DEAD	D. NUMBER BEFORE 20 WEEKS	E. NUMBER AFTER 20 WEEKS
C. DATE OF LAST LIVE BIRTH mm/dd/ccyy		F. DATE OF LAST OTHER TERMINATION mm/ccyy	

30. FETAL WEIGHT (Grams)	30A. OBSTETRIC EST. OF GESTATION AT DELIVERY (Completed Weeks)	30B. ESTIMATED TIME OF FETAL DEATH
		☐ DEAD AT TIME OF FIRST ASSESSMENT, NO LABOR ONGOING ☐ DEAD AT TIME OF FIRST ASSESSMENT, LABOR ONGOING ☐ DIED DURING LABOR, AFTER FIRST ASSESSMENT ☐ UNKNOWN TIME OF FETAL DEATH

36. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the average number of cigarettes or packs of cigarettes smoked per day.
IF NONE, ENTER "0" for each time period.

	# of Cigarettes	# of Packs	
A. THREE MONTHS BEFORE PREGNANCY		OR	32A. METHOD OF DELIVERY CODES: , , , , ,
B. FIRST THREE MONTHS OF PREGNANCY		OR	33. COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES CODE(S):
C. SECOND THREE MONTHS OF PREGNANCY		OR	34. COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY CODE(S):
D. THIRD TRIMESTER OF PREGNANCY		OR	35. ABNORMAL CONDITIONS AND CLINCIAL PROCEDURES RELATED TO THE FETUS CODE(S):

32B. EXPECTED SOURCE OF PAYMENT FOR DELIVERY CODE:

CORONER'S USE ONLY

37. MANNER OF DEATH ☐ Natural ☐ Accident ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

38. INJURY DATE mm/dd/ccyy	39. HOUR	40. PLACE OF INJURY (Home, road, etc.)

41. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	42. LOCATION OF INJURY (Street and number, or location, city, and ZIP)

A B C D E F CENSUS TRACT