

Mother's Name or Imprint:

**New Jersey Department of Health and Senior Services
FETAL DEATH CERTIFICATE WORKSHEET / PARENT INFORMATION MODULE**

ATTENTION MOTHER/INFORMANT: PLEASE PRINT CLEARLY AND ANSWER ALL ITEMS ON THIS FORM.

If you need a translation or other help, the hospital representative can arrange for assistance.

AFTER COMPLETING THIS FORM, PLEASE RETURN IT PROMPTLY FOR REVIEW.

P1. LEGAL NAME OF THE CHILD _____ (First) (Middle) (Last) (Suffix)		P2. DATE OF DELIVERY/FETAL DEATH ____ / ____ / ____ Mo. Day Yr.	
INFORMATION ON MOTHER / PARENT A (WOMAN GIVING BIRTH TO THIS CHILD)			
P3. CURRENT LEGAL NAME _____ (First) (Middle) (Last)		P4. MAIDEN NAME (Last Name Given at Birth or on Birth Certificate) _____	
P5. DATE OF BIRTH ____ / ____ / ____ Mo. Day Yr.	P6. SOCIAL SECURITY NUMBER _____	P7. BIRTHPLACE (State or Foreign Country) _____	
P8. OFFICIAL NAME OF CITY, TOWNSHIP, BORO, ETC. OF ACTUAL RESIDENCE (For example, the location for paying taxes, voting, etc., but not necessarily used for mailing address): _____ (County) (State) (City, Town, Boro, Etc.) WHAT IS THE STREET ADDRESS? _____ (Street Address) (Apt. No.)		P9. IS THIS INSIDE CITY LIMITS? (Non-New Jersey residents only) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
P11. ADDRESS WHERE MAIL IS RECEIVED (If same as official address above, <u>ONLY ENTER</u> the Zip Code.) _____ [Number and Street Address (or PO Box)] (Apt. No.) _____ (City) (State) (Zip Code)		P10. HOME TELEPHONE NUMBER (_____) _____ - _____	
P12. IS THE MOTHER/PARENT A MARRIED OR IN A CIVIL UNION (At conception, delivery, or any time in between)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
INFORMATION ON FATHER / PARENT B			
P13. NAME _____ [First] (Middle) (Last) (Suffix)			
P14. DATE OF BIRTH ____ / ____ / ____ Mo. Day Yr.	P15. SOCIAL SECURITY NUMBER _____	P16. BIRTHPLACE (State or Foreign Country) _____	
P17. MAILING ADDRESS _____ [Number and Street Address (or PO Box)] (Apt. No.) _____ (City) (State) (Zip Code)		P18. HOME TELEPHONE NUMBER (_____) _____ - _____	

**THE FOLLOWING CONFIDENTIAL STATISTICAL INFORMATION
WILL NOT APPEAR ON A CERTIFIED COPY OF THE FETAL DEATH CERTIFICATE.**

P19. MOTHER'S/PARENT A'S RACE AND ETHNICITY AS INDICATED BY INFORMANT
(Under NO circumstances is Hispanic Origin considered a race.)

A. RACE (Check one)

- | | | | | |
|--|-------------------------------------|---|---------------------------------------|---|
| 1 <input type="checkbox"/> White | 4 <input type="checkbox"/> Chinese | 7 <input type="checkbox"/> Filipino | C <input type="checkbox"/> Samoan | 8 <input type="checkbox"/> Other Asian/Pacific Islander |
| 2 <input type="checkbox"/> Black | 5 <input type="checkbox"/> Japanese | A <input type="checkbox"/> Asian Indian | D <input type="checkbox"/> Vietnamese | 9 <input type="checkbox"/> Not Classifiable/Unknown |
| 3 <input type="checkbox"/> American Indian | 6 <input type="checkbox"/> Hawaiian | B <input type="checkbox"/> Korean | E <input type="checkbox"/> Guamanian | 0 <input type="checkbox"/> Other, Specify: _____ |

B. HISPANIC ORIGIN (Not to be confused with race) (Check one)

- | | | |
|---|---|---|
| 0 <input type="checkbox"/> Non-Hispanic | 2 <input type="checkbox"/> Puerto Rican | 4 <input type="checkbox"/> Central/South American |
| 1 <input type="checkbox"/> Mexican | 3 <input type="checkbox"/> Cuban | 5 <input type="checkbox"/> Other Hispanic, Specify: _____ |

P20. FATHER'S/PARENT B'S RACE AND ETHNICITY AS INDICATED BY INFORMANT
(Under NO circumstances is Hispanic Origin considered a race.)

A. RACE (Check one)

- | | | | | |
|--|-------------------------------------|---|---------------------------------------|---|
| 1 <input type="checkbox"/> White | 4 <input type="checkbox"/> Chinese | 7 <input type="checkbox"/> Filipino | C <input type="checkbox"/> Samoan | 8 <input type="checkbox"/> Other Asian/Pacific Islander |
| 2 <input type="checkbox"/> Black | 5 <input type="checkbox"/> Japanese | A <input type="checkbox"/> Asian Indian | D <input type="checkbox"/> Vietnamese | 9 <input type="checkbox"/> Not Classifiable/Unknown |
| 3 <input type="checkbox"/> American Indian | 6 <input type="checkbox"/> Hawaiian | B <input type="checkbox"/> Korean | E <input type="checkbox"/> Guamanian | 0 <input type="checkbox"/> Other, Specify: _____ |

B. HISPANIC ORIGIN (Not to be confused with race) (Check one)

- | | | |
|---|---|---|
| 0 <input type="checkbox"/> Non-Hispanic | 2 <input type="checkbox"/> Puerto Rican | 4 <input type="checkbox"/> Central/South American |
| 1 <input type="checkbox"/> Mexican | 3 <input type="checkbox"/> Cuban | 5 <input type="checkbox"/> Other Hispanic, Specify: _____ |

P21. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED

(For Elementary or Secondary School, enter the number of years completed = 00 to 12. For College, enter years completed = 13 to 16. Post College -Graduate = 17.

MOTHER/PARENT A

FATHER/PARENT B

A. ____ Years

B. ____ Years

P22. WORKED DURING PAST YEAR?

A. MOTHER/PARENT A:

- 1 Yes
2 No

B. FATHER/PARENT B:

- 1 Yes
2 No

P23. IF WORKED, WHAT WAS THE OCCUPATION (TYPE OF WORK)?

A. MOTHER/PARENT A:

B. FATHER/PARENT B:

P24. IF WORKED, TYPE OF BUSINESS OR INDUSTRY (WHAT THE BUSINESS DID/MADE)?

A. Mother's/Parent A's Business/Industry:

Employer's Name: _____
Number and Street: _____
City, State, Zip: _____

B. Father/Parent B's Business/Industry:

Employer's Name: _____
Number and Street: _____
City, State, Zip: _____

P25. NAME OF INFORMANT, IF OTHER THAN MOTHER/PARENT A:

(First) (Middle) (Last)

P26. RELATIONSHIP TO CHILD

P27. I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

SIGNATURE OF INFORMANT:

FOR HOSPITAL USE ONLY

P28. NAME OF DESIGNATED HOSPITAL REPRESENTATIVE REVIEWING THIS INFORMATION WITH INFORMANT

(First) (Middle) (Last)

P29. DATE OF REVIEW

____ / ____ / ____

NOTE: PLEASE WRITE "UNKNOWN" TO INDICATE THAT THIS INFORMATION IS MISSING OR NOT AVAILABLE.

New Jersey Department of Health and Senior Services
Bureau of Vital Statistics
PO Box 370
Trenton, New Jersey 08625-0370
(609) 292-4087

FETAL DEATH CERTIFICATE WORKSHEET - INSTRUCTIONS FOR PARENTS

This worksheet helps the hospital to type a fetal death certificate for your child. The form contains a set of questions for you to complete. After you finish completing the form, a hospital representative will review it with you and ask you to sign it.

The local registrar's office keeps a copy of the fetal death certificate. You can purchase a certified copy from that office, located in the municipality where the delivery occurred. Or, you can call the Bureau of Vital Statistics at 609-292-4087 for information.

Fetal Death certificates contain a few items to gather information on a range of health care issues. **These statistical items are confidential and are not available to the public.** The New Jersey Department of Health and Senior Services has very strict rules to protect your privacy.

New Jersey has collected birth certificates since the late 1800's. Over the years, data gathered from birth and fetal death records have helped to plan many health services. These include programs to improve the health of mothers and pregnancy outcomes.

OFFICIAL MUNICIPALITY OF ACTUAL RESIDENCE
In New Jersey, the municipalities where people live may differ from the cities listed in their mailing addresses. This happens because several Post Offices in the state deliver mail to surrounding areas and sometimes need to change mailing addresses to speed up the mail. For example, a house with a mailing address in the 1200 block of South Broad Street (with Trenton as the city in the mailing address) is really in Hamilton Township.

Hospital staff will try to answer your questions, especially any about the official municipality of the mother's actual residence.

THANK YOU FOR YOUR VALUABLE ASSISTANCE

IMPORTANT

The designation of a child's name, including the surname (family name), is the right of the child's parent(s). The child may be given ANY surname EXCEPT that the state registrar may reject a name that contains an obscenity, numerals or a combination of letters and numerals, or a name that is illegible.