### 22. Date Last Normal Menses Began:

mm dd yyyy

### 23. PARENT’S EDUCATION

<table>
<thead>
<tr>
<th>a. Mother/Parent</th>
<th>b. Father/Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th grade or less, none...</td>
<td>9th-12th grade, no diploma...</td>
</tr>
<tr>
<td>Some college credit, but no degree...</td>
<td>Associate degree (e.g., AA, AS)...</td>
</tr>
<tr>
<td>Bachelor’s degree (e.g., BA, AB, BS)...</td>
<td>Master’s degree (e.g., MA, MS, MEng)...</td>
</tr>
<tr>
<td>Doctorate (e.g., PhD, EdD)... or Professional degree (e.g., MD, DDS, DVM, LLB, JD)...</td>
<td>Unknown...</td>
</tr>
</tbody>
</table>

**Check the box that best describes the highest degree or level of school completed at time of delivery.**

- [ ] 8th grade or less
- [ ] 9th-12th grade
- [ ] Some college credit
- [ ] Associate degree
- [ ] Bachelor’s degree
- [ ] Master’s degree
- [ ] Doctorate
- [ ] Professional degree
- [ ] Unknown

### 24. PARENT’S OCCUPATION

**Yes** No

<table>
<thead>
<tr>
<th>a. Mother/Parent</th>
<th>b. Father/Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current/most recent occupation</td>
<td>2. Kind of business or industry</td>
</tr>
</tbody>
</table>

### 25. PARENT’S ANCESTRY

**Check one box and specify what the parent considers herself/himself to be.**

<table>
<thead>
<tr>
<th>a. Mother/Parent</th>
<th>b. Father/Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic (Mexican, Puerto Rican, Cuban, Dominican, etc.)</td>
<td>Unknown...</td>
</tr>
<tr>
<td>Other...</td>
<td>Specify...</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>Other (Specify)...</td>
</tr>
<tr>
<td>Black or African American</td>
<td>Unknown...</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>Other (Specify)...</td>
</tr>
</tbody>
</table>

**Specify**

- [ ] Hispanic
- [ ] Asian Indian
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Other
- [ ] Unknown

### 26. PARENT’S RACE

Race as defined by the U.S. Census

<table>
<thead>
<tr>
<th>a. Mother/Parent</th>
<th>b. Father/Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Indian</td>
<td>Other Asian...</td>
</tr>
<tr>
<td>Chinese</td>
<td>Korean...</td>
</tr>
<tr>
<td>Filipino</td>
<td>Other Hispanic...</td>
</tr>
<tr>
<td>Japanese</td>
<td>Other Indian...</td>
</tr>
<tr>
<td>Korean</td>
<td>Other Asian...</td>
</tr>
<tr>
<td>Other Hispanic</td>
<td>Unknown...</td>
</tr>
</tbody>
</table>

**Check one or more to indicate what the parent considers herself/himself to be.**

- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Other Hispanic
- [ ] Other Indian
- [ ] Other Asian
- [ ] Other
- [ ] Unknown

### 27. PARENT’S LENGTH OF TIME IN U.S.

<table>
<thead>
<tr>
<th>a. Mother/Parent</th>
<th>b. Father/Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never lived in United States...</td>
<td>if born outside of the United States, how long lived in U.S. years...</td>
</tr>
<tr>
<td>if born outside of the United States, how long lived in U.S.?...</td>
<td>if &lt;1 yr, months...</td>
</tr>
<tr>
<td>[ ] if &lt;1 yr, months...</td>
<td>(Mother/Parent)...</td>
</tr>
<tr>
<td>(Mother/Parent)...</td>
<td>(Father/Parent)...</td>
</tr>
</tbody>
</table>

**Check the box that applies.**

- [ ] Never lived in United States
- [ ] if born outside of the United States, how long lived in the U.S. years
- [ ] If yes, how many?...
b. Infection Present and/or Treated During Pregnancy
(Check all that apply)

- Gonorrhea
- Tuberculosis
- Syphilis
- Rubella
- Herpes Simplex (HSV)
- Cytomegalovirus
- Chlamydia
- Parvovirus
- Bacterial Vaginosis
- Toxoplasmosis
- Hepatitis B
- Other
- None
- Listeria
- Unknown
- Group B Strep

31. PREGNANCY FACTORS (cont.)

a. Method of Delivery
1. Was delivery with forceps attempted but unsuccessful?
   - Attempted and successful
   - Attempted and unsuccessful
   - Forceps were not used
   - Unknown
2. Was delivery with vacuum extraction attempted but unsuccessful?
   - Attempted and successful
   - Attempted and unsuccessful
   - Vacuum extraction was not used
   - Unknown
3. Fetal presentation at delivery
   - Cephalic
   - Breech
   - Other
   - Unknown
4. Final route and method of delivery (Check one)
   - Vaginal/Spontaneous
   - Vaginal/Forceps
   - Vaginal/Vacuum
   - Vaginal delivery after a previous C-section?
     - Yes
     - No
     - Unknown
   - Primary Cesarean
   - Repeat Cesarean
     - If cesarean, was a trial of labor attempted?
       - Yes
       - No
       - Unknown
5. Hysterotomy/Hysterectomy
   - Yes
   - No
   - Unknown

32. DELIVERY

33. FETAL ATTRIBUTES

- Weight of Fetus (grams preferred, specify unit)
  - ___________ grams
  - ___________ lb/oz

- Estimated Time of Fetal Death
  - Death at time of first assessment, no labor ongoing
  - Death at time of first assessment, labor ongoing
  - Died during labor, after first assessment
  - Unknown time of fetal death

- Was an autopsy performed?
  - Yes
  - No
  - Planned

- Was a histological placental examination performed?
  - Yes
  - No
  - Planned
**WORKSHEET (1 of 3)**

**CERTIFICATE OF SPONTANEOUS TERMINATION OF PREGNANCY**

**FETUS**

1. NAME (Optional): (First, Middle, Last, Suffix)  
2a. DATE OF DELIVERY  
   (Month) (Day) (Year-yyyy)  
2b. TIME  
   AM  
   PM  

3. SEX  
   Male  
   Female  
   Unknown

4. OBSTETRIC ESTIMATE OF GESTATION  
   # of weeks  
5a. NUMBER DELIVERED THIS PREGNANCY  
5b. Number in order of delivery  
5c. Number born alive

6a. TYPE OF PLACE  
   ☐ Hospital – ER/ED  
   ☐ Hospital – Amb. Surg.  
   ☐ Hospital – Labor/Labor and Delivery  
   ☐ Hospital – Other  
   ☐ Other, Specify  
   ☐ Unknown  
   ☐ Freestanding Birthing Center  
   ☐ Clinic/Doctor’s Office  
   ☐ Home  

6b. FACILITY NAME/ADDRESS  
   If more than one  
   If not in facility, street address:  
   (Street Number and Name, City or Town, County, State, Country, Zip Code)

7. CURRENT LEGAL NAME: (First, Middle, Last, Suffix)

8. NAME PRIOR TO FIRST MARRIAGE: (First, Middle, Last, Suffix)

9. DATE OF BIRTH  
   (Month) (Day) (Year-yyyy)

10. AGE

11. SEX  
    ☐ Male  
    ☐ Female  
    Unknown

12. BIRTHPLACE  
    City  
    State  
    Country

13. RESIDENCE ADDRESS: (Street Number and Name, Apt. No., City or Town, County, State, Country, Zip Code)

14. INSIDE CITY LIMITS?  
    ☐ Yes  
    ☐ No  
    Unknown

15. NAME PRIOR TO FIRST MARRIAGE: (First, Middle, Last, Suffix)

16. DATE OF BIRTH  
   (Month) (Day) (Year-yyyy)

17. AGE

18. SEX  
    ☐ Male  
    ☐ Female  
    Unknown

19. BIRTHPLACE  
    City  
    State  
    Country

20. ATTENDANT NAME AT DELIVERY:  
    ☐ MD  
    ☐ DO  
    ☐ LIC. Midwife  
    ☐ Other, (specify)

21. CERTIFIER: I HEREBY CERTIFY THAT THIS EVENT OCCURRED AT THE TIME AND ON THE DATE INDICATED AND THAT ALL FACTS STATED IN THIS CERTIFICATE ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF:  
    ☐ MD  
    ☐ DO

**ATTENDANT/CERTIFIER**

**Signature of Physician Certifier**

**Name of Physician Certifier**

**Address**

**License No.**

**Date**

**FUNERAL DIRECTOR’S CERTIFICATE**

I hereby certify that I have been employed as Funeral Director by  
(Name of person in control of disposition)  
(Address)  
This statement is made to obtain a disposition permit for this fetus  
(Signature of Funeral Director)  
(License No.)  
(Funeral Establishment)  
Business Registration No.  
(Address)

**NAME OF CEMETERY OR CREMATORY (OR DESTINATION)**

**CITY OR COUNTY AND STATE**

**DATE OF DISPOSITION**  
(Month) (Day) (Year-yyyy)