NORTH DAKOTA PARENT'S WORKSHEET FOR FETAL DEATH

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 58708 (12-2007)

All of the information you provide below is required by ND State Law (ND Century Code 23-02.1-20) and will be used to create a fetal death record. It is very important that you provide complete and accurate information to all of the questions below. This worksheet must be completed before you leave the hospital and signed by either the mother or father. Please print clearly, as the information on this sheet will be used to complete the electronic fetal death record.

SIGNATURE

I hereby certify that I have read the above-cited statute and that the personal information provided on this worksheet is correct to the best of my knowledge.

Signature	Date

FETUS INFORMATION

What is the legal name you are giving this fetus? **(If the mother was unmarried between conception and birth, the fetus must have the mother's current legal surname unless an acknowledgement of paternity is signed).**

First, Middle, Last, Suffix (Jr. III, etc.)

MOTHER'S INFORMATION

Mother's Current Legal Name (First, Middle, Last, Suffix (Jr. III, etc.))

Mother's Last Name Prior to First Marriage (Maiden Name)	Date if Birth (MM/DD/YYYY)

Address (Residence-Where the Mother's Home is Locate)	City	State	ZIP Code

County	Country (If not in the United States)	Is this Address Inside City Limits?
		☐ Yes ☐ No

Place of Birth

☐ State _____

☐ US Territory _____
(i.e. Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas)

☐ Foreign Country _____
if Canada, list province)

Was the mother married at the time of conception or birth or anytime in between?

☐ Yes ☐ No

What is the highest level of schooling that the Mother will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

☐ 8th grade or less
☐ 9th - 12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g. AA, AS)
☐ Bachelor's degree (e.g. BA, AB, BS)
☐ Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)
☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD
☐ Refused/Unknown

Race (Please check one or more races to indicate what you consider yourself to be)

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
Specify Tribe:
_____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify):
_____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify): _____
☐ Other (Specify): _____
☐ Refused/Unknown

Ancestry (Please check one or more races to indicate what you consider yourself to be)

- ☐ Native American Indian
- ☐ English/Welsh
- ☐ Irish
- ☐ German
- ☐ French
- ☐ Scandinavian (Norwegian, Danish, Swedish)
- ☐ Polish
- ☐ Other Western European (i.e. Belgian)
- ☐ Other Eastern European (i.e. Russian)
- ☐ Other Northern European (i.e. Finnish
- ☐ Other (Specify): _____
- ☐ Refused/Unknown

Is the Mother Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)

  Specify: _____
- ☐ Refused/Unknown

Did the mother use alcohol during pregnancy?

☐ Yes - Average number of drinks per week: _____ ☐ No ☐ Refused/Unknown

How many cigarettes OR packs of cigarettes did the Mother smoke on an average day during each of the following time periods? If the Mother NEVER smoked, enter zero for each time period

	Number of Cigarettes
Three months before pregnancy	
First three months of pregnancy	
Second three months of pregnancy	
Third trimester of pregnancy	

For a fetal death delivered out of wedlock and for married mothers whose husband is not the father of this fetus, ND State Law (ND Century Code 23-02.1-20 (6)) requires that an Acknowledgment of Paternity be completed so that the biological father's information can be added to the fetal death record. If an Acknowledgment of Paternity is not completed, then the father's information must be left blank on the fetal death record. If the mother is married and her husband is the father of this child, then questions 14 and 15 can be answered as N/A (Not Applicable). If you have additional questions about the Acknowledgment of Paternity, please ask the hospital staff.

Was a paternity acknowledgement completed?

☐ Yes ☐ No ☐ N/A

Did the husband sign the paternity disclaimer?

☐ Yes ☐ No ☐ N/A

What is the principal payment source for this pregnancy?

- ☐ Private Insurance
- ☐ Blue Cross/Blue Shield
- ☐ Medicaid
- ☐ Military
- ☐ Indian Health Service
- ☐ Self-Pay
- ☐ Other (Specify): _____
- ☐ Refused/Unknown

Did mother receive WIC food for during this pregnancy?

☐ Yes ☐ No ☐ Refused/Unknown

FATHER'S INFORMATION

Father's Current Legal Name (First, Middle, Last, Suffix (Jr. III, etc.))	Date if Birth (MM/DD/YYYY)

Place of Birth

- ☐ State _____
- ☐ US Territory _____
  (i.e. Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas)
- ☐ Foreign Country _____
  if Canada, list province)