



Management entrusted to
Bureau de la statistique du Québec

Please type or print in block letters.
Do not write in shaded spaces. Press firmly.

Place of delivery

1- Name of hospital where stillbirth occurred _____ Establishment code _____

2- Exact location where stillbirth occurred (No., street, municipality, county, province or country outside Canada) _____

Particulars of parents

3- Father's surname (if the father is unknown, check (N) here and proceed to question 9) _____ 4- Given name(s) _____

Father

6- Birthdate of father Year _____ Month _____ Day _____ 7- Father's birthplace (Province or country outside Canada) _____ 8- Mother tongue of father 01 French 02 English Other _____

9- Mother's maiden surname as shown on birth certificate _____ 10- Given name(s) _____

Mother

12- Birthdate of mother Year _____ Month _____ Day _____ 13- Mother's birthplace (Province or country outside Canada) _____ 14- Mother tongue of mother 01 French 02 English Other _____

15- Mother's address (No., street, municipality, county, province or country outside Canada) _____ Postal code _____

16- Language spoken at home 01 French 02 English Other _____ 17- Marital status of mother 1 Single (never married) 4 Divorced 2 Married and living with her spouse 5 Legally separated 3 Widowed 6 Not legally separated 17a- Relationship with partner 1 Living together as a couple 2 Not living together as a couple 18- Number of years mother attended school _____

19- Number of children previously born (excluding present pregnancy) Liveborn _____ Stillborn (500 grams or more) _____ 20- Date of last live birth Year _____ Month _____ Day _____ 21- Date of last marriage Year _____ Month _____ Day _____

Signature of mother or father

I confirm that the above information is accurate. This information is being sent to the Bureau de la statistique du Québec, to the ministère de la Santé et des Services sociaux, to the funeral director and to the person responsible for the burial and cremation. The information given is subject to the provisions of the Act respecting access to documents held by public bodies and the protection of personal information. The conditions are listed on the back of copy 2.

21a- Date signed Year _____ Month _____ Day _____ 21b- Signature of mother or father _____ X

Medical report

22- Date of delivery Year _____ Month _____ Day _____ 23- Kind of birth 01 Single 02 Twin Other (Specify) _____ 24- If multiple birth, state whether this stillborn child 1st 2nd 3rd Other (Specify) _____

25- Sex of stillborn child 1 Male 2 Female 9 Undetermined 26- Weight at birth _____ grams 27- Duration of pregnancy _____ completed weeks

28- Causes of stillbirth

1. Disease or condition directly leading to death a) _____ due to (or consequence of) _____ b) _____ due to (or consequence of) _____ c) _____ (underlying cause) _____

Antecedent causes. Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last

2. Other significant conditions contributing to the death, but not related to the disease or condition causing it _____

29- In your opinion, what is the initial cause of the stillbirth? Check (✓) one box only.

Congenital malformation* Malnutrition of foetus Obstetrical trauma or asphyxia* Infection* Antepartum haemorrhage Other* Erythroblastosis *Specify _____

30- Autopsy? 1 Yes 2 No If yes, does the cause of death stated above take account of autopsy findings? 1 Yes 2 No

31- Surname and given name of informant _____ 32- Was the informant a 1 Physician 2 Nurse Other (Specify) _____ 33- Date signed Year _____ Month _____ Day _____

34- Signature of informant. I have reported, to the best of my knowledge, the causes and the circumstances surrounding this stillbirth. _____ Licence number (Corp. of physicians) _____ X

Disposition arrangements / Funeral director

35- Disposition arrangements 1 Burial 2 Cremation 3 Anatomical study 4 Transport of body outside Québec 36- Name of funeral home or hospital _____ Licence number (funeral director) _____

37- Address of funeral home (No., street, municipality, county, province or country outside Canada) _____ 40- Signature of representative _____ X

38- Date on which body was handed over Year _____ Month _____ Day _____ 39- Surname and given name of representative of funeral director _____