



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 (✓) 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), 2 Married and living with her spouse, 3 Widowed, 4 Divorced, 5 Legally separated, 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

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

a) due to (or consequence of)

b) due to (or consequence of)

c) (underlying cause)

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