



Attestation of Declaration of Stillbirth

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

Father

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

Mother

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

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

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 _____ 21b- Signature of mother or father _____

Year Month Day

Medical report

22- Date of delivery _____ 23- Kind of birth _____ 24- If multiple birth, state whether this stillborn child _____

Year Month Day 01 Single 02 Twin Other (Specify) _____ 1st 2nd 3rd Other (Specify) _____

25- Sex of stillborn child _____ 26- Weight at birth _____ 27- Duration of pregnancy _____

1 Male 2 Female 9 Undetermined _____ grams _____ completed weeks _____

28- Causes of stillbirth

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

Antecedent causes. Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last _____ b) _____ due to (or consequence of) _____

c) _____ (underlying cause) _____

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 _____ 33- Date signed _____

Physician 2 Nurse Other (Specify) _____ 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 _____ 36- Name of funeral home or hospital _____ Licence number (funeral director) _____

1 Burial 2 Cremation 3 Anatomical study 4 Transport of body outside Québec _____

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

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

Year Month Day _____ **X**