

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
FETAL DEATH REPORT- PERSONAL INFORMATION WORKSHEET**

**PLEASE COMPLETE THIS INFORMATION TO PREPARE  
FETAL DEATH REPORT**

FOR CHC STAFF USE ONLY	
CHILD HRN: _____	MOTHER HRN: _____
DATE INTERVIEWED: _____	STAFF INITIAL: _____
DATE FORM COLLECTED: _____	STAFF INITIAL: _____

**1. NAME OF FETUS:**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

DATE OF DELIVERY: \_\_\_\_\_ TIME OF DELIVERY: \_\_\_\_\_ SEX:  MALE,  FEMALE  UNKNOWN  
(Month/Day/Year) (Hour: Minutes)

<p><b>2. PLACE WHERE DELIVERY OCCURRED:</b></p> <p><input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME DELIVERY: <u>PLANNED HOME DELIVERY</u>: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> CLINIC/DOCTOR'S OFFICE <input type="checkbox"/> FREESTANDING BIRTHING CENTER</p> <p><input type="checkbox"/> OTHER _____  <small>(Vehicle, Vessel, Airplane, etc)</small></p>	<p><b>3. FACILITY NAME WHERE DELIVERY OCCURRED:</b></p> <p><input type="checkbox"/> COMMONWEALTH HEALTH CENTER <input type="checkbox"/> ROTA HEALTH CENTER</p> <p><input type="checkbox"/> TINIAN HEALTH CENTER</p> <p><input type="checkbox"/> OTHER _____  <small>(Residence, Name of Clinic, Vessel, Airline Carrier, or Transportation Company etc.)</small></p>
<p><b>4. LOCATION WHERE DELIVERY OCCURRED:</b></p> <p>VILLAGE: _____ COUNTY: <input type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN ISLANDS STATE: NORTHERN MARIANA ISLANDS</p>	

**5. MOTHER'S NAME (MAIDEN NAME) PRIOR TO FIRST MARRIAGE:**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**6. MOTHER'S CURRENT NAME:**  Check box if same as maiden name and **SKIP to Field #9 - #17.**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**7. DATE OF BIRTH:** \_\_\_\_\_ **8. SOCIAL SECURITY NO.:** \_\_\_\_\_

**9. BIRTHPLACE:** \_\_\_\_\_  
(COUNTY, U.S. STATE/TERRITORY OR FOREIGN COUNTRY)

**10. MOTHER'S EDUCATION** (Check box that best describes the highest degree or level of education completed)

8<sup>th</sup> Grade or Less  9<sup>th</sup> - 12<sup>th</sup> Grade, No Diploma  High School Graduate or GED  Some College Credit But No Degree

Associate Degree  Bachelor's Degree  Master's Degree  Doctorate or Professional Degree

**11. MOTHER OF HISPANIC ORIGIN?** (Check box that best describes whether the mother is Spanish/Hispanic/Latino/a)

NO, NOT SPANISH/HISPANIC/LATINA  YES, MEXICAN, MEXICAN AMERICAN, CHICANA  YES, PUERTO RICAN  YES, CUBAN,  
 YES, OTHER SPANISH/HISPANIC/LATINA (Specify) \_\_\_\_\_

**12. MOTHER'S RACE** (Check one or more races to indicate what the mother's race considers to be)

<p><b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b></p> <p><input type="checkbox"/> CHAMORRO <input type="checkbox"/> CHUUKESSE</p> <p><input type="checkbox"/> CAROLINIAN <input type="checkbox"/> KOSRAEAN</p> <p><input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> POHNPEIAN</p> <p><input type="checkbox"/> SAMOAN <input type="checkbox"/> YAPESE</p> <p><input type="checkbox"/> OTHER 1<sup>ST</sup>: _____</p> <p><input type="checkbox"/> OTHER 2<sup>ND</sup>: _____</p>	<p><b>ASIAN</b></p> <p><input type="checkbox"/> ASIAN INDIAN</p> <p><input type="checkbox"/> CHINESE</p> <p><input type="checkbox"/> FILIPINO</p> <p><input type="checkbox"/> JAPANESE</p> <p><input type="checkbox"/> KOREAN</p> <p><input type="checkbox"/> VIETNAMESE</p> <p><input type="checkbox"/> OTHER 1<sup>ST</sup>: _____</p> <p><input type="checkbox"/> OTHER 2<sup>ND</sup>: _____</p>	<p><b>OTHER</b></p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> BLACK OR AFRICAN-AMERICAN</p> <p><input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE(AIAN)</p> <p>AIAN 1<sup>ST</sup>: _____</p> <p>AIAN 2<sup>ND</sup>: _____</p> <p><input type="checkbox"/> OTHER 1<sup>ST</sup>: _____</p> <p><input type="checkbox"/> OTHER 2<sup>ND</sup>: _____</p>
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**13. RESIDENCE PHYSICAL ADDRESS** (Street Number, City, County, State, Zip code – NOT PO BOX ADDRESS) **14. INSIDE CITY LIMITS?**  YES  NO

FULL ADDRESS: \_\_\_\_\_

**15. MAILING ADDRESS** (CITY, COUNTY, STATE, ZIP CODE)

FULL ADDRESS: \_\_\_\_\_

**16. PHONE NUMBER:** \_\_\_\_\_ **17. E-MAIL ADDRESS:** \_\_\_\_\_

**18. NAME OF SECOND PARENT (BIRTH NAME) PRIOR TO FIRST MARRIAGE:**  Check box if second parent is **NOT STATED** and **SKIP** to **Field #31**.

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**19. CURRENT NAME OF SECOND PARENT:**  Check box if same as birth name and **SKIP** to **Field #20 - #31**.

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**20. DATE OF BIRTH:** \_\_\_\_\_ **21. SOCIAL SECURITY NO.:** \_\_\_\_\_

**22. BIRTHPLACE:** \_\_\_\_\_  
 (COUNTY, U.S. STATE/TERRITORY OR FOREIGN COUNTRY)

<p><b>23. PARENT'S EDUCATION</b> (Check box that best describes the highest degree or level of education completed)</p> <p> <input type="checkbox"/> 8<sup>th</sup> Grade or Less                      <input type="checkbox"/> 9<sup>th</sup> - 12<sup>th</sup> Grade, No Diploma                      <input type="checkbox"/> High School Graduate or GED                      <input type="checkbox"/> Some College Credit But No Degree  <input type="checkbox"/> Associate Degree                      <input type="checkbox"/> Bachelor's Degree                      <input type="checkbox"/> Master's Degree                      <input type="checkbox"/> Doctorate or Professional Degree             </p>					
<p><b>24. PARENT OF HISPANIC ORIGIN?</b> (Check box that best describes whether the parent is Spanish/Hispanic/Latino/a)</p> <p> <input type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINO/A                      <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A                      <input type="checkbox"/> YES, PUERTO RICAN                      <input type="checkbox"/> YES, CUBAN,  <input type="checkbox"/> YES, OTHER SPANISH/HISPANIC/LATINO/A (Specify) _____             </p>					
<p><b>25. PARENT'S RACE</b> (Check one or more races to indicate what the parent's race considers to be)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <p><b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b></p> <p> <input type="checkbox"/> CHAMORRO      <input type="checkbox"/> CHUUKESE  <input type="checkbox"/> CAROLINIAN      <input type="checkbox"/> KOSRAEAN  <input type="checkbox"/> NATIVE HAWAIIAN      <input type="checkbox"/> POHNPEIAN  <input type="checkbox"/> SAMOAN      <input type="checkbox"/> YAPESE  <input type="checkbox"/> MARSHALLESE  <input type="checkbox"/> PALAUAN                 </p> <p> <input type="checkbox"/> OTHER 1<sup>ST</sup> : _____  <input type="checkbox"/> OTHER 2<sup>ND</sup> : _____                 </p> </td> <td style="width:33%; vertical-align: top;"> <p><b>ASIAN</b></p> <p> <input type="checkbox"/> ASIAN INDIAN  <input type="checkbox"/> CHINESE  <input type="checkbox"/> FILIPINO  <input type="checkbox"/> JAPANESE  <input type="checkbox"/> KOREAN  <input type="checkbox"/> VIETNAMESE                 </p> <p> <input type="checkbox"/> OTHER 1<sup>ST</sup> : _____  <input type="checkbox"/> OTHER 2<sup>ND</sup> : _____                 </p> </td> <td style="width:33%; vertical-align: top;"> <p><b>OTHER</b></p> <p> <input type="checkbox"/> WHITE  <input type="checkbox"/> BLACK OR AFRICAN-AMERICAN  <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE(AIAN)                      AIAN 1<sup>ST</sup> : _____                      AIAN 2<sup>ND</sup> : _____                 </p> <p> <input type="checkbox"/> OTHER 1<sup>ST</sup> : _____  <input type="checkbox"/> OTHER 2<sup>ND</sup> : _____                 </p> </td> </tr> </table>			<p><b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b></p> <p> <input type="checkbox"/> CHAMORRO      <input type="checkbox"/> CHUUKESE  <input type="checkbox"/> CAROLINIAN      <input type="checkbox"/> KOSRAEAN  <input type="checkbox"/> NATIVE HAWAIIAN      <input type="checkbox"/> POHNPEIAN  <input type="checkbox"/> SAMOAN      <input type="checkbox"/> YAPESE  <input type="checkbox"/> MARSHALLESE  <input type="checkbox"/> PALAUAN                 </p> <p> <input type="checkbox"/> OTHER 1<sup>ST</sup> : _____  <input type="checkbox"/> OTHER 2<sup>ND</sup> : _____                 </p>	<p><b>ASIAN</b></p> <p> <input type="checkbox"/> ASIAN INDIAN  <input type="checkbox"/> CHINESE  <input type="checkbox"/> FILIPINO  <input type="checkbox"/> JAPANESE  <input type="checkbox"/> KOREAN  <input type="checkbox"/> VIETNAMESE                 </p> <p> <input type="checkbox"/> OTHER 1<sup>ST</sup> : _____  <input type="checkbox"/> OTHER 2<sup>ND</sup> : _____                 </p>	<p><b>OTHER</b></p> <p> <input type="checkbox"/> WHITE  <input type="checkbox"/> BLACK OR AFRICAN-AMERICAN  <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE(AIAN)                      AIAN 1<sup>ST</sup> : _____                      AIAN 2<sup>ND</sup> : _____                 </p> <p> <input type="checkbox"/> OTHER 1<sup>ST</sup> : _____  <input type="checkbox"/> OTHER 2<sup>ND</sup> : _____                 </p>
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<p><b>26. RESIDENCE PHYSICAL ADDRESS</b> (Street Number, City, County, State, Zip code – NOT PO BOX ADDRESS)</p> <p>FULL ADDRESS: _____</p>		<p><b>27. INSIDE CITY LIMITS?</b> <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>			
<p><b>28. MAILING ADDRESS</b> (CITY, COUNTY, STATE, ZIP CODE)</p> <p>FULL ADDRESS: _____</p>					
<p><b>29. PHONE NUMBER:</b> _____</p>		<p><b>30. E-MAIL ADDRESS:</b> _____</p>			

<p><b>CERTIFICATION</b></p>	
<p><b>CAUTION:</b> Per <b>1CMC § 26025</b> of the Vital Statistics Act, a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, shall be imposed on any person who willfully and knowingly provides false information for the purpose of birth registration.</p>	
<p><b>31. OATH:</b> The information provided in the <b>CERTIFICATE OF LIVE BIRTH WORKSHEET</b> will be used to create my/our child's birth record. I, We, declare under penalty of perjury that the personal information provided are true and correct:</p>	
<p>MOTHER'S SIGNATURE: _____</p>	<p>DATE SIGNED: _____</p>
<p>SECOND PARENT'S SIGNATURE: _____</p>	<p>DATE SIGNED: _____</p>