

**Arizona Department of Health Services**  
***Office of Vital Records***

***Fetal Death Processing***

***Part I: Personal and Statistical Information***

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF VITAL RECORDS**

**Fetal Death Processing**

**Part I: Personal and Statistical Information (Fields 1-16)**

***ARIZONA REVISED STATUTE (A.R.S.) § 36-329***

**36-329. Fetal death certificate registration**

*A. A hospital, abortion clinic, physician or midwife shall submit a completed fetal death certificate to the state registrar for registration within seven days after the fetal death for each fetal death occurring in this state after a gestational period of twenty completed weeks or if the product of human conception weighs more than three hundred fifty grams.*

*B. The requirements for registering a fetal death certificate are the same as the requirements for registering a death certificate prescribed in section 36-325.*

***ARIZONA ADMINISTRATIVE CODES (RULE):***

**R9-19-302. Registration of a Fetal Death Certificate and Reporting of Abortional Acts.**

*A. For purposes of preparing fetal death certificates, if the gestation period is uncertain or unknown, a certificate should be filed if the fetus weighs 350 grams or more. Any abortional act resulting in a fetal death when the length of gestation is more than 20 weeks shall also require the filing of a fetal death certificate.*

*B A termination of pregnancy report shall be prepared by the attending physician and filed directly with the State Registrar reporting any fetal death due to an abortional act for which a fetal death certificate is not required. Such reports shall be confidential and disclosable by the Department only in aggregate form for statistical or research purposes. No personally identifiable patient information or information relating to any physician, hospital, clinic or other institution shall be released for any purpose. The termination of pregnancy report shall be prepared on forms prescribed and furnished by the State Registrar.*

# Part I: Personal and Statistical Information (Fields 1-16)

## GENERAL DESIGN OF THE CERTIFICATE

ORIGINAL STATE COPY		STATE OF ARIZONA				FETAL DEATH NO.		
		DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS				FD 102-		
IDENTIFICATION OF CHILD AND PLACE OF BIRTH UNNAMED LIST (NAME ONLY) 15		NAME OF CHILD		B. MIDDLE		C. LAST		
		A. FIRST						
16		SEX	TYPE OF DELIVERY - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY)	IF MULTIPLE DELIVERY - BORN FIRST SECOND, ETC. (SPECIFY)		DATE OF DELIVERY		
		2.	3A.	3B.	4A.	MONTH	DAY	YEAR
17		PLACE OF DELIVERY		B. TOWN OR CITY		C. HOSPITAL OR CLINIC (IF HOME DELIVERY GIVE STREET ADDRESS)		
		A. COUNTY						
19 20		FATHER'S NAME			DATE OF BIRTH		PLACE OF BIRTH (STATE OR COUNTRY)	
		A. FIRST B. MIDDLE C. LAST			7.		8.	
17		MOTHER'S MAIDEN NAME			DATE OF BIRTH		PLACE OF BIRTH (STATE OR COUNTRY)	
		A. FIRST B. MIDDLE C. LAST			10.		11.	
19 20		MOTHER'S USUAL RESIDENCE		C. TOWN OR CITY		D. ZIP		
		A. STATE B. COUNTY						
19 20		STREET ADDRESS OR R.F.D. (P.O. BOX NOT ACCEPTABLE)			IN CITY LIMITS	MOTHER'S MAILING ADDRESS (IF DIFFERENT FROM ITEM 12)		
		12E.			12F. <input type="checkbox"/> YES <input type="checkbox"/> NO	13.		
14		THE INFORMATION LISTED IN ITEMS 1-13 IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		PARENT OR INFORMANT'S SIGNATURE		RELATIONSHIP TO CHILD	DATE SIGNED	
		14.		14A. 		15.	16.	
		A. IMMEDIATE CAUSE		(ENTER ONLY ONE CAUSE ON EACH LINE)		SPECIFY FETAL OR MATERNAL		

1. **Name of Child A. First, B. Middle, and C. Last**  
Enter the names as provided by the parents. Use all **CAPITAL LETTERS, DO NOT abbreviate**. You may enter "Not Named" in the **first name field ONLY** or leave blank if no names have been chosen. If there is a problem, call the local registrar or the office of Vital Records.
2. **Sex**  
Enter male or female. **Spell out the word completely**. Enter **Ambiguous** if unknown.
- 3A. **Type of Birth**  
Specify single, twin, triplet, etc. Spell out the word in full.
- 3B. **If Multiple Birth**  
If more than one child is born during the same delivery, state whether the child is first, second, third, etc., otherwise leave blank. Check the entry against the hour of birth to ensure each child is identified correctly in the order of birth.

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**4A. Date of Birth-Month, Day, Year**

Spell out the month and type in full year as December 9, 2003; ample space has been provided. Be cautious when entering the date for a birth occurring shortly before or after midnight, 12:00 midnight is still the current day, while 12:01 a.m. is the next day.

**4B. Hour of Birth**

Enter the hour of birth in numeric figures and be certain to indicate whether *a.m.* or *p.m.* or *military* time. Hospitals may indicate time in 24-hour system if they desire. The local prevailing time, whether daylight or standard, shall be used.

**5. A&B Place of Birth, County, town or city**

Enter the county, town or city where the hospital (or residence for home birth) is located. If a birth occurred at home, the registrar must have personal knowledge of all facts of birth or documentation supporting the information given. For births occurring on a moving conveyance, the place of birth is considered the place where the child was first removed from the vehicle by a doctor or other person providing medical attention for the child or the mother.

**5C. Place of Birth – Hospital or Clinic or Other**

Enter the name of hospital, clinic or if home delivery enter the street address.

**6. Father's Name: A-First B-Middle C-last**

Enter the first, middle, and last name of father in that order. If father has no middle name, leave blank. Be cautious and check the spelling of the name and check the last name of father against that of child for likely errors. If no father's name is given leave this field blank.

**7. Father's date of birth**

Spell out month and type in date and full year as October 13, 2003. Leave blank if father is not shown.

**8. Father's Place of Birth**

Enter the name of the state where father was born. If born in a foreign county, give name most commonly used. Leave blank **if mother is unmarried** and name of father is not shown.

**9. Mother's Maiden Name**

Enter the mother's name before marriage. If mother's surname is the same before and after marriage, attach note to verify this is the case.

**10. Mother's Date of Birth**

Spell out the month and type in date and full year as October 13, 2003.

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### 11. Mother's Place of Birth

Enter the name of the state where mother was born. If born in foreign country, give name most commonly used.

### 12. Mother's Usual Residence

The mother's usual residence is the place where she normally lives and sleeps or has set up housekeeping. In most cases, it will be where the mother and her husband currently live. A temporary residence, such as on a business trip, vacation or visit, shall not be entered. The residence of military personnel or wives of military personnel (including foreign nationals assigned to duty in Arizona) is the place where the mother or husband is currently assigned to permanent duty.

#### 12A. State

Enter the correct name of the state. For nationals on temporary residence here, enter the name of resident country such as Mexico, Canada, etc.

#### 12B. County

Enter Proper County. For Mexican residents, enter name of Mexican state; for Canadian residents enter name of providence.

#### 12C. Town or City

Enter the name of town or city where mother lives. If the residence is in a rural area, enter the name commonly used for the area or use name of town where mail service originates.

#### 12E. Street Address or R.F.D.

Enter the house number and full name for the street where the mother lives. Indicate, "Avenue," "Drive," "Place," etc. If the residence is in an apartment or mobile home park, the unit number shall also be listed. For rural locations, show rural route name/number. If not on a rural route, describe location such as "one mile east of Post Office." **DO NOT** use a post office box number since a post office box is **NOT** a residence.

#### 12F. In City Limits

If address listed in 12 C. is inside limits of a corporate town or city, check field "Yes." If not, check box "No."

### 13. Mother's Mailing Address

If the mother receives mail at an address different from the one listed in Item 12, enter the address, include **zip code**. Otherwise enter "*same*". A post office box may be entered as a mailing address.

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### **14A. Parent or Informant's Signature**

The mother or father shall sign this space with a black ballpoint pen. If the mother signs, she shall use her legal name – such as Mary Jane Smith not Mrs. John Smith. If a parent is not available for signature, any family member who has personal knowledge of the information listed can sign the certificate, or a hospital employee may sign. When a hospital employee signs for the parent, they shall sign their name and enter their title above the typed name and relationship of Mother. **All Informant Signatures shall be their legal signatures.**

### **15&16. Relationship to child; Date Signed**

Relationship to child means “*mother, father, brother or sister, grandparents, cousin, aunt or uncle*”. If a hospital employee signs, they shall enter their title, such as “*Medical Records Clerk.*” When signing for the Mother, type Mother in field 15. Field 16 shall show the date on which the certificate was signed and may be entered numerically such as 12-23-03.