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RIYADH UL JANNAH FUNERAL HOME
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Fetal Information Form
Over 20 Weeks

Name of Fetus: _____ Sex: M F
Date of Death: _____ Weight of Fetus: _____ Lbs. _____ Oz's. _____ Grams
Place of Death (Facility Name): _____ County: _____
Fax # / E/M: (of Facility) _____ Phone #: (of Facility) _____
Address of Facility: _____ City: _____ State: _____ Zip: _____
Place were Delivery Occurred: Hospital Clinic Home Other: _____
Mother's (Maiden) Name: _____ Mother's Current Name: _____
Mothers Date of Birth: - Month: _____ Day: _____ Year: _____ Mothers Place of Birth: _____
Mothers Address: _____ City: _____ Apt # _____ State: _____ Zip: _____
Father's Name: _____ Father's Date of Birth: - Month: _____ Day: _____ Year: _____

Family's Fax # or E/M: _____ **Family's Phone #:** _____

Mother Hispanic or Haitian: Y N Father's Place of Birth: _____

Mother's Race: - (Circle) White Black Asian Hispanic Indian Middle Eastern Other: _____

Mother's Highest Degree of Education: - (Circle) 8th Grade High School Associates Bachelors Masters Unknown

Did Mother get WIC Food for Herself During This Pregnancy? Y N Mother's Social Security #: _____

Was Prenatal Care Received: Y N Date of First Prenatal Visit: - Month: _____ Day: _____ Year: _____

Date of Last Prenatal Visit: - Month _____ Day: _____ Year: _____ Number of Prenatal Visits: _____

Date of Last Live Birth: - Month _____ Day: _____ Year: _____ or None

Number of Previous Live Births: _____ Number Now Alive: _____ Number Now Deceased: _____

Cigarette Smoking - Before and During Pregnancy: Before Pregnancy: Number _____ During Pregnancy: Number: _____

Completed Weeks of Gestation: _____ Mother's Height: _____ Feet _____ Inches

Mother's Weight before Pregnancy: _____ Lbs. Mother's Weight Gained During Pregnancy: _____ Lbs.

Date of Last Normal Menses Began: - Month _____ Day: _____ Year: _____

Single Birth: Y N If Not Single Birth: 1st 2nd 3rd

SIGNATURE: _____ * PLEASE PRINT CLEARLY