pennsylvania
DEPARTMENT OF HEALTH
HD002243 REV 08/22

Supplemental Report of Fetal Death for Intended Parents

Print or Type

This form is to be completed using information from the intended parent(s) and forwarded by the facility to the Bureau of Health Statistics and Registries accompanied by a completed Report of Fetal Death containing information from the gestational carrier. A certified copy of a court order is required. It may accompany this form or may be submitted separately.

PART 1: FETUS

NAME OF FETUS
(First) (Middle) (Last) (Suffix)

DATE OF DELIVERY

SEX
☐ Male ☐ Female ☐ Unknown

PLACE OF DELIVERY
(City/borough/township)

PLURALITY - single, twin, triplet, etc. (Specify)

FACILITY NAME AND STREET ADDRESS (If not a facility, list street address.)

CERTIFIER'S NAME AND TITLE (Type/print)
Name
☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other midwife ☐ Hospital admin.
Other **(Specify)**

PART 2: GESTATIONAL CARRIER

NAME
(First) (Middle) (Last name prior to first marriage) (Current last)

PART 3: INTENDED PARENT

PARENT'S INFORMATION
☐ Mother
☐ Father
☐ Parent
(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)
(Place of birth – state or foreign country) (Date of birth) (Social Security number) ☐ No SSN

MAILING ADDRESS
(Number and street) (City and state) (Zip code)

PART 4: INTENDED PARENT

PARENT'S INFORMATION
☐ Mother
☐ Father
☐ Parent
(First name) (Middle name) (Last name prior to first marriage) (Current last name) (Suffix)
(Place of birth – state or foreign country) (Date of birth) (Social Security number) ☐ No SSN

MAILING ADDRESS
(Number and street) (City and state) (Zip code)

PART 5: ATTORNEY FOR INTENDED PARENTS

Name
Address
Phone Number

PART 6: INFORMANT

Complete this section if someone other than an intended parent completed this form. Health care providers and birth attendants who complete this form on behalf of the intended parent are also expected to complete Part 6.

Name
Address
Relationship to child ☐ Health care provider or birth attendant ☐ Other (specify):