

ORDER ESTABLISHING FACT OF FETAL DEATH

In the Superior Court of the State of California

In and for the County of _____

In the matter of the petition of

To establish the fact of fetal death of

Number _____

Department _____

The verified petition of _____ to establish the fact of fetal death of _____ having been filed herein on the _____ day of _____, A.D., 20_____, and such petition having by an order of court been duly set for hearing on the _____ day of _____, A.D., 20_____, at the hour of _____ o'clock _____ m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said _____, petitioner herein, is beneficially interested in establishing of record the fact of the fetal death of said _____, in that _____; and it appearing that on the _____ day of _____, A.D., 20_____, the fetal death of _____ occurred at _____, in the County of _____, State of _____; that said fetal death has not been registered in conformity with the provisions of law in effect at the time of said fetal death or such record has been lost or destroyed after having been filed; and no one appearing at said hearing to oppose the making of this order;

It is therefore ordered, adjudged, and decreed that on the _____ day of _____, A.D., 20_____, the fetal death of _____ occurred at _____, County of _____, State of _____.

Done in court this _____ day of _____, A.D., 20_____.



Judge of the Superior Court

Before filing the above order, insert in the certificate form below, as of the date of the fetal death, the personal and statistical particulars required for the records of the State Registrar. A certified copy of the above order must be filed with the State Registrar before the order shall become effective. **USE BLACK INK ONLY.**



COURT ORDER DELAYED REGISTRATION OF FETAL DEATH

STATE OF CALIFORNIA

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL FETAL DEATH RECORD

THIS FETUS	1A. NAME—FIRST		1B. MIDDLE		1C. LAST	
	2. SEX	3A. THIS FETUS SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS FETUS 1ST, 2ND, ETC.		4A. DATE OF EVENT—MM/DD/CCYY	4B. HOUR—24 HOUR CLOCK TIME
PLACE OF EVENT	5A. PLACE OF EVENT—NAME OF HOSPITAL OR FACILITY			5B. ADDRESS—STREET AND NUMBER, OR LOCATION		
	5C. CITY			5D. COUNTY		
FATHER/PARENT	6A. NAME OF FATHER/PARENT—FIRST	6B. MIDDLE	6C. LAST (BIRTH)		7. BIRTH STATE/ FOREIGN COUNTRY	8. DATE OF BIRTH— MM/DD/CCYY
MOTHER/PARENT	9A. NAME OF MOTHER/PARENT—FIRST	9B. MIDDLE	9C. LAST (BIRTH)		10. BIRTH STATE/ FOREIGN COUNTRY	11. DATE OF BIRTH— MM/DD/CCYY
FUNERAL DIRECTOR	12A. DISPOSITION(S)		12B. PLACE OF DISPOSITION		12C. DATE OF DISPOSITION—MM/DD/CCYY	
	13A. SIGNATURE OF EMBALMER ▶		13B. PRINTED NAME		13C. EMBALMER'S LICENSE NUMBER	
	14A. NAME OF FUNERAL ESTABLISHMENT (OR PERSON ACTING IN LIEU OF FUNERAL DIRECTOR)				14B. LICENSE NUMBER	
STATE REGISTRAR USE ONLY	OFFERED FOR FILING PURSUANT TO ORDER NUMBER _____ OF THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF _____, MADE THE _____ DAY OF _____, A.D., 20____, ESTABLISHING OF RECORD THE FACT OF FETAL DEATH IN THE STATE OR COUNTRY OF _____. NO FETAL DEATH CERTIFICATE HAS BEEN FOUND ON FILE IN THE OFFICE OF VITAL RECORDS FOR THE ABOVE FETUS.					
	15. OFFICE OF VITAL RECORDS				16. DATE ACCEPTED FOR REGISTRATION	

CONFIDENTIAL INFORMATION FOR PUBLIC HEALTH USE ONLY

CAUSE OF FETAL DEATH	17. FETAL DEATH WAS CAUSED BY:		18. WAS DEATH REPORTED TO CORONER?		
	IMMEDIATE CAUSE	(A) _____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO <small>REFERRAL NUMBER</small>		
	DUE TO	(B) _____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO 19A. WAS AUTOPSY PERFORMED?		
	DUE TO	(C) _____	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO 19B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		
20. OTHER SIGNIFICANT CONDITIONS OF FETUS OR BIRTH MOTHER CONTRIBUTING TO FETAL DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 17.					
GENETIC FATHER	21. HISPANIC, LATINO, OR SPANISH? (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> _____ NO <input type="checkbox"/>		22. RACE—Up to 3 Races/Ethnicities May Be Listed		23. EDUCATION—Highest Level/Degree
GENETIC MOTHER	24. HISPANIC, LATINA, OR SPANISH? (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> _____ NO <input type="checkbox"/>		25. RACE—Up to 3 Races/Ethnicities May Be Listed		26. EDUCATION—Highest Level/Degree

