

OREGON HEALTH AUTHORITY  
CENTER FOR HEALTH STATISTICS

I.D. Tag Number		<b>REPORT OF FETAL DEATH</b>		State File Number	
1. Name of Fetus — Optional <i>(First, Middle, Last, Suffix)</i>		2. Time of Delivery	3. Sex	4. Date of Delivery	
5a.		5b. City, Town, or Location		5c. Zip Code	5d. County of Delivery
6a. Current Legal Name <i>(First, Middle, Last, Suffix)</i>				6b. Date of Birth	
6c. Name Prior to First Marriage <i>(First, Middle, Last, Suffix)</i>				6d. Birthplace	
6e. Residence — State		6f. County		6g. City, Town	
6h. Street and Number				6i. Zip Code	6j. Inside City Limits
7a. Current Legal Name <i>(First, Middle, Last, Suffix)</i>		7b. Date of Birth		7c. Birthplace	
8a. Date Report Completed		8b. Name and Title of Person Completing Report			
9. Name and Title of Attendant					
10. If Services: Funeral Home Name and Address					
11a. Date Filed by Registrar			11b. Registrar — Signature		
12. Amendment					

45-3D (03/08)

Was fetal death report filed by hospital?     No     Yes

If this fetus is going to be removed from the facility where delivery occurred, this permit must accompany the remains to the funeral home and/or the cemetery/crematorium. A burial/cremation tag is also required if the fetus is removed from the facility of delivery.

This form, when signed by the funeral service licensee or person acting as such, shall serve as a disposal-transit permit for these fetal remains.

INSTRUCTIONS: THE PERSON IN CHARGE OF THE PLACE OF FINAL DISPOSITION SHALL DATE AND SIGN BOTH COPIES OF THIS FINAL DISPOSITION AUTHORIZATION. FORWARD THE FIRST COPY TO THE REGISTRAR OF THE COUNTY WHERE THE DEATH OCCURRED WITHIN 10 DAYS OF FINAL DISPOSITION. THE SECOND COPY WILL BE RETAINED BY THE CEMETERY OR CREMATORY.

DATE OF DISPOSITION: \_\_\_\_\_

SEXTON'S SIGNATURE:  \_\_\_\_\_

PLACE OF DISPOSITION: \_\_\_\_\_