

Annex B Draft entry form used currently for registering stillbirths on Registration Service Software (RSS) (Form 308(RSS))

STILL-BIRTH				District & SD Nos.	Register No.																														
(i)	(ii)	(iii)	Date of registration		Entry No.																														
L	grams		K	weeks																															
N Post Mortem Held?*			(iv) ME	2	4																														
Yes <input type="checkbox"/> No <input type="checkbox"/>																																			
U			Y* Before Labour <input type="checkbox"/> During Labour <input type="checkbox"/> Not Known <input type="checkbox"/>																																
(v) a					(vi)																														
b																																			
c																																			
d																																			
e																																			
M																																			
(vii)			(viii)																																
G(a) Father			(ix)																																
H(a)			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																																
G(b) Mother			(ix)																																
H(b)*			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																																
POSTCODE																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																																			
Edit Control																																			

*Tick as appropriate

STILL-BIRTH			Register No.	Entry No.
Registration district		District & S. Dist. Nos.	Administrative area	
Sub-district				
1.(a) Date and place of birth			CHILD	
1.(b) Name and surname				
2. Cause of death and nature of evidence that child was still-born			3. Sex	
a b c d e				
Certified by				
4. Name and surname		FATHER		
5. Place of birth		6. Occupation		
7. Name and surname		MOTHER		
8.(a) Place of birth		8.(b) Occupation		
9.(a) Maiden surname		9.(b) Surname at marriage If different from maiden surname		
10. Usual address (if different from place of child's birth)				
11. Name and surname (if not the mother or father)		INFORMANT		
12. Qualification				
13. Usual address (if different from that in 10 above)				
14. I certify that the particulars entered above are true to the best of my knowledge and belief				
				Signature of Informant
15. Date of registration		16. Signature of registrar		