

District & Sub-district number		Register Number		Entry Number		
NHS Number						
Certified		YES	NO			
What number is circled on the Medical Certificate 1 2 3 NONE						
Duration of pregnancy		weeks	Weight of fetus			grams
Consultant's Name		Coroner's post mortem held		YES	NO	
Fetal Death Occurring		BEFORE LABOUR		DURING LABOUR		
Multiple Birth		YES	NO	Total live-births and still-births in this maternity		
		Number of live-births		Number of still-births		
Is this baby the first to be registered?		YES	NO	Birth order		
Father's country of birth		E	W	S	NI	
		NON UK	NK	Mother's country of birth		
		E	W	S	NI	
		NON UK	NK			
Postcode - Space 1a			Postcode - Space 10			
Postcode - Space 13			Postcode - Space 13			
Confidential Particulars						
The particulars below, required under the Population (Statistics) Acts, will not be entered into the register. This confidential information will be used only for the preparation and supply of statistical information by the Registrar General.						
Where father's name is entered into the register		Father's date of birth				
Reason for non completion (if applicable)		NOT KNOWN	REFUSED			
In all cases		Mother's date of birth				
Reason for non completion (if applicable)		NOT KNOWN	REFUSED			
Where the child is born within marriage		Date of marriage				
Reason for non completion (if applicable)		NOT KNOWN	REFUSED			
Has the mother been married more than once?		YES	NO			
Mother's previous children (excluding birth or births now being registered) by her present husband and any former husband		Number born alive (including any who have died)				
		Number still-born				
Reason for non completion (if applicable)		NOT KNOWN	REFUSED			
Voluntary Statistics						
Father's industry and employment			Mother's industry and employment			
Industry	Reason for non completion (if applicable)		Industry	Reason for non completion (if applicable)		
	NOT KNOWN	REFUSED		NOT KNOWN	REFUSED	
	NO GAINFUL EMPLOYMENT			NO GAINFUL EMPLOYMENT		
Employment status	1	2	3	4	5	
	6	7		1	2	
				4	5	
				6	7	
Other Comments						
Previously registered on		Register No.		Entry No.		
GRO Reference number		System No. of previous entry (if applicable)				

STILL-BIRTH		Entry No.
Registration district		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
4. Name and surname		
FATHER		
5. Place of birth	6. Occupation	
Name and surname		MOTHER
7(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

System No.
00527 700

Register No.

Annex D Draft entry form used for registering stillbirths online (Registration on-line) (Form 308(RON))