Form No.3 (Related to Article 6)

Examples of entry of numbers 0 1 2 3 4 5 6 7 8 9

Vital Statistics Survey Fetal Death Form 3

Date	Month Year (Japanese calendar) Received by municipality
Date	Month Year (Japanese calendar) Received by health center

Fundamental Statistical Survey under Statistics Act

Inquiry

Municipality code and health center code	Branch Health Center	Case Book No.	

(1) Nationality of parents

	Japan	South Korea North Korea	China	Philippines	Thailand	USA	UK	Brazil	Peru	Other countries	Unknown
Father											
Mother											

(2) Name and age of parents

Father	Mother
Age years	Age years

(3) Was the deceased child male or female, or legitimate or illegitimate?

Male Female Unknown Legitimate child Illegitimate child

(4) Time of fetal death

Japanese calendar Year Month days a.m. p.m. Time

(5) Address of mother at the time of fetal death

Japan: Municipality which is the same as the place of notification / Municipality which is not the place of notification

Foreign countries Unknown

Prefecture — City, county and special ward — Town, village, and designated-city ward or genral ward

Municipality code Health center code

Designated-city town, aza, chome, block no., apartment or condominium and C/O

(6) Main occupation of the household at the time of fetal death: 1 Agriculture 2 Self-employed 3 Employed I 4 Employed II 5 Others 6 Unemployed

(7) Occupation of parents at the time of fetal death: Father Mother

(8) Number of children the mother gave birth to: Born child child (children); Number of stillborn children at 22 weeks or after of pregnancy baby (babies); Number of stillborn children at 21 weeks or less of pregnancy baby (babies)

(9) Number of weeks of pregnancy: weeks days

(10) Weight and height of stillborn child: g Unknown; cm Unknown

(11) Time of death of unborn child (Number of spontaneous fetal death after 22 weeks of pregnancy): 1 Antepartum 2 Intrapartum period 3 Unknown

(12) Type of place of fetal death: 1 Hospital 2 Clinic 3 Birthing Center 4 Home 5 Others

(13) Single birth or multiple birth: 1 Single birth 2 Multiple birth (Total number of birth children / Deceased child's order of birth) 3 Unknown

(14) Natural or artificial fetal death: 1 Natural 2 Artificial fetal death according to law 3 Artificial fetal death not according to the 4 Unknown

(15) Cause of natural fetal death or reason of artificial fetal death

	On the side of the unborn child	On the side of the mother
I (a) Direct cause or reason		
I (b) Cause of (a)		
I (c) Cause of (b)		
I (d) Cause of (c)		
II Name of injuries and diseases having an influence on column I		

In case the Maternal Protection Act is applied	1 Disease in mother's body / 2 Others	Name or reason of disease
In case the Maternal Protection Act is not applied	1 Disease in mother's body / 2 Others	Name or reason of disease

(16) Existence or non-existence of fetal surgery: 1 No 2 Yes (Sites and main findings)

(17) Existence or non-existence of fetal autopsy: 1 No 2 Yes (Main findings)

(18) Person who attended the fetal death: 1 Doctor 2 Midwife 3 Others

In case of twins or more, the case number of other child

Live Birth Form No.

Fetal Death Form No.

Points to be confirmed

Notes

The purpose of this survey is to prepare the Fundamental Statistical Survey under Statistics Act.

A mayor of a municipality, which is the subject of this survey, has an obligation to report under the Statistics Act, and a penalty will be imposed on refusal to report or falsified report.

SAMPLE