

Death Statistical Report

(Data protected by statistical secrecy, in accordance with National Law 17622)

DATA TO BE COMPLETED BY THE CIVIL REGISTRY

		1 Date of Inscription		Day	Month	Year
2 Department or Party		3 Delegation or Civil Registry Number				
		4 Volume		Invoice	Minutes	

DEATH DATA (Only for statistical purposes and to be completed only by the certifying physician)

5 Did you have medical care during the illness or injury that led to your death? Yes <input type="checkbox"/> No <input type="checkbox"/> → go to ask 7		6 Did the undersigned doctor treat you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7 CAUSE OF DEATH		Approximate interval between onset of disease and death	
I) Illness or pathological condition that caused death directly Causes Background Morbid conditions, if any, that produced the above cause, mentioning the basic cause last		to) _____ due to (or as a consequence of)	
		b) _____ due to (or as a consequence of)	
II) Other pathological states Significant that contributed to the death but not related to the disease or morbid condition that caused it		c) _____	
8 IN CASE OF VIOLENT DEATH (only)			
a) Indicate if it was due to: Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide 3 <input type="checkbox"/> It is ignored 9 <input type="checkbox"/>			
b) How did it happen? Describe the circumstances and situation in which it occurred, for example, falling from scaffolding, wounded by a firearm, psychotropic intoxication, etc. If it was a transport accident, indicate the type of vehicle and if the deceased was a pedestrian, driver, companion, passenger, etc.			
c) Place where the event occurred: _____			
9 FOR ALL WOMEN AGES 10 TO 59		What was the termination date of that pregnancy?	
Have you been pregnant in the last twelve months? yes 1 <input type="checkbox"/> #2 <input type="checkbox"/> 9 is ignored <input type="checkbox"/>		Day _____ Month _____ Year _____	

DATA OF THE DECEASED

Surnames _____		Names _____	
10 Date of death		11 Date of birth	
Day _____ Month _____ Year _____		Day _____ Month _____ Year _____	
12 Age at time of death (write where applicable)		13 Sex	
- If the age is 1 year or more, enter only the years		Male <input type="checkbox"/>	
- If the age is 1 day or more, but less than one year, enter only months and days		Feminine <input type="checkbox"/>	
- If the age is less than 1 day, indicate hours and minutes		Undetermined 3 <input type="checkbox"/>	
14 It happened in...		Property name	
Public health establishment Private establishment, social work, etc. Housing (private address) Other place (nursing home, public road, etc.)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3,4 <input type="checkbox"/> → go to question fifteen	
fifteen Address where it occurred: Street and N°/Route and Km: _____		_____	
Town/Place: _____		department or party _____	
Province _____		Province _____	
16 Where do you usually live? Street and N°/Route and Km: _____		Country _____	
Town/Place: _____		_____	
Province (or country for foreigners) _____		_____	
17 Belonged to or associated with: (if the deceased is less than one year old, complete with the mother's information)			
Social work 1 <input type="checkbox"/> Private or mutual health plan 2 <input type="checkbox"/> both 3 <input type="checkbox"/> none 4 <input type="checkbox"/>			

**ONLY FOR DECEASED 14 YEARS AND OVER
DATA OF THE DECEASED**

18 What is the highest level of education that you reached (mark a single box in the corresponding Educational System (SE))

never attended	01	<input type="checkbox"/>			
SE Unreformed	Incomplete	Complete		SE Reformed	Incomplete Complete
Primary	02	<input type="checkbox"/>	03	<input type="checkbox"/>	
Secondary	04	<input type="checkbox"/>	05	<input type="checkbox"/>	
Higher or university	06	<input type="checkbox"/>	07	<input type="checkbox"/>	
				EGB cycles (1st and 2nd)	11 <input type="checkbox"/> 12 <input type="checkbox"/>
				EGB cycle 3rd.	13 <input type="checkbox"/> 14 <input type="checkbox"/>
				polymodal	15 <input type="checkbox"/> 16 <input type="checkbox"/>

19 What is your employment status?
Works or is on leave Not working
Looking for work Not looking for

1
2
3

20 What is your usual occupation?

**ONLY FOR DECEASED UNDER 14 YEARS OLD (Including those under 1 year old)
DATA OF THE MOTHER AT THE TIME OF DEATH THAT IS BEING REGISTERED**

21 What is the highest level of education that you reached (check a single box in the corresponding Educational System (SE))

never attended	01	<input type="checkbox"/>			
SE Unreformed	Incomplete	Complete		SE Reformed	Incomplete Complete
Primary	02	<input type="checkbox"/>	03	<input type="checkbox"/>	
Secondary	04	<input type="checkbox"/>	05	<input type="checkbox"/>	
Higher or university	06	<input type="checkbox"/>	07	<input type="checkbox"/>	
				EGB cycles (1st and 2nd)	11 <input type="checkbox"/> 12 <input type="checkbox"/>
				EGB cycle 3rd.	13 <input type="checkbox"/> 14 <input type="checkbox"/>
				polymodal	15 <input type="checkbox"/> 16 <input type="checkbox"/>

22 What is your age?
(Years old)
Years _____

23 Does the mother live with a partner?
(whether married or in a common-law relationship)
Yes No

→ Answer Question 24, 25 and 26 with the data of the father exclusively
→ Skip to Question 25 and 26 and answer them with the data of the mother exclusively

DATA OF THE FATHER (if applicable) AT THE TIME OF DEATH THAT IS BEING REGISTERED

24 What is the highest level of education that you reached (check a single box in the corresponding Educational System (SE))

never attended	01	<input type="checkbox"/>			
SE Unreformed	Incomplete	Complete		SE Reformed	Incomplete Complete
Primary	02	<input type="checkbox"/>	03	<input type="checkbox"/>	
Secondary	04	<input type="checkbox"/>	05	<input type="checkbox"/>	
Higher or university	06	<input type="checkbox"/>	07	<input type="checkbox"/>	
				EGB cycles (1st and 2nd)	11 <input type="checkbox"/> 12 <input type="checkbox"/>
				EGB cycle 3rd.	13 <input type="checkbox"/> 14 <input type="checkbox"/>
				polymodal	15 <input type="checkbox"/> 16 <input type="checkbox"/>

**DATA OF THE FATHER/MOTHER (cross out what does not apply)
AT THE TIME OF DEATH YOU ARE REGISTERING**

25 What is your employment status?
Works or is on leave Not working
Looking for work Not looking for

1
2
3

26 What is your usual occupation?

**COMPLETE IF YOU ARE UNDER 1 YEAR (only for deceased who have not completed one year)
DATA TO BE COMPLETED PREFERABLY BY THE DOCTOR**

27 What was the weight of the child at birth? _____ grams

28 What was your weight when you died? _____ grams

29 He was born from a pregnancy...
plain 1 → go to next question
Multiple 2 → the one who lived children, and caused fetal deaths

30 How many full weeks did the pregnancy last?
full weeks _____

31 On what date did the last normal menstruation begin prior to the pregnancy of this child?
Day month Year _____

32 Counting up to and including this child's, How many pregnancies did the mother have? _____ pregnancies

33 Among all these pregnancies, how many live born children did you have? _____ and how many fetal deaths? _____

PERSON WHO COMPLETED THE REPORT

doctor 1
other 2

Last name and name _____ Professional Registration No. _____ Firm _____

Professional Address: Street _____ No. _____ Stamp _____

Location: _____ Telephone: _____