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| --- |
| Full Name of Deceased Child  Sex of child:  Male  Female Date of Death or Stillbirth:  /  /  Month Day Year  Place of Death or Stillbirth- Hospital/Clinic (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Death or Stillbirth- City Place of Death or Stillbirth- State  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Doctor (if applicable) Name of Funeral Director  Place of Burial  - -  Not applicable  Social Security Number of Deceased |
| The measurement of children’s health is a primary research aim of the National Children’s Study (NCS). Information from the death certificate will only be used for statistical purposes in health research. We are asking you to authorize the state office of vital records to release the death certificate information of the child named above to researchers from the NCS.  Your child’s death certificate information will be used for research purposes only. All information will be kept private. Names and other identifying information will not be released without your permission.  **I PERMIT** the NCS to obtain my child’s death certificate information.  **I DO NOT PERMIT** the NCS to obtain my child’s death certificate information. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed parent/guardian name (first, middle, last) Signature of parent/guardian  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child  Date signed: // - -  m m d d y y y y Phone number |
| Questions related to the collection of death certificate information can be answered by NCS staff at 1-877-865-2619. |