

**COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS**



Abortion Certificate Worksheet

If requested by the patient to whom an abortion is provided, the person in charge of the institution or the person's designated representative, shall complete the Abortion Certificate Worksheet, and file the worksheet with the state registrar within **five (5) working days** from **Date of Abortion**.

The information you provide below will be used to create the Abortion Certificate. It is very important that you provide complete and accurate information to all the questions.

Fetus		
1. Time of Abortion (24 hr.):	2. Sex (M/F/U):	3. Date of Abortion (MM/DD/YYYY):
Facility		
4. Facility Name:		5. Referring Physician:
6. Address:		
7. City:	8. State:	9. Zip Code:
10. Place Where Abortion Occurred		
<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		
Mother		
11. Mother's Current Legal Name (First, Middle, Last, Suffix):		
12. Mother's Date of Birth (MM/DD/YYYY):	13. Mother's Birthplace (State, Territory, or Foreign Country):	
14. Residence of Mother-State:	15. County:	
16. City, Town, or Location:	17. Street Address:	
18. Apt. No:	19. Zip Code:	20. Country:
Father		
21. Father's Current Legal Name (First, Middle, Last, Suffix):		
22. Father's Date of Birth (MM/DD/YYYY):	23. Father's Birthplace (State, Territory, or Foreign Country):	
Disposition		
24. Method of Disposition:	25. Place of Disposition (Name of cemetery, crematory, or another place):	
<input type="checkbox"/> Burial <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Clinic/Doctor's office Disposition <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		
26. Location (City, Town, and State):		
Physician And Registration Information		
27. Physician's Name and Title:	28. Name and Title of Person Completing Report:	
Name:	Name:	
Title:	Title:	
	Signature:	
29. Date Report Was Completed:		
Procedures		
30. Abortion Procedures That Aborted Pregnancy (Check only one):		
<input type="checkbox"/> Suction Curettage <input type="checkbox"/> Medical (Nonsurgical) <input type="checkbox"/> Dilation and Evacuation (D&E) <input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin)	<input type="checkbox"/> Sharp Curettage (D&C) <input type="checkbox"/> Hysterotomy/Hysterectomy <input type="checkbox"/> Other/Abortion Drug (<i>Specify</i>)	

Abortion Certificate Worksheet must be completed and filed with the state registrar within **five (5) working days** from **Date of Abortion**.

All institutions or the person's designated representative who cannot complete electronically through the KY-Abortion Portal must send this completed worksheet, with all required signatures, to:

**Office of Vital Statistics
275 East Main Street, 1E-A
Frankfort, KY 40621**