



nebraska sids  
FOUNDATION

date: \_\_\_\_\_

county: \_\_\_\_\_ reported by: \_\_\_\_\_

baby name: \_\_\_\_\_

mother's name: \_\_\_\_\_ father's name: \_\_\_\_\_

address, city & zip: \_\_\_\_\_

phone number: \_\_\_\_\_ 2nd number: \_\_\_\_\_

date of birth: \_\_\_\_\_ date of death: \_\_\_\_\_

race of baby: \_\_\_\_\_ baby sex: \_\_\_\_\_

place of death (please check one)

home  daycare  grandparents house  other (please explain)

baby's position (please check one)

face down  back  side  other (please explain)

baby placed in (please check one)

crib  bassinet  adult bed  couch  other (please explain)

other factors (please check all that apply)

smoking around baby  mom smoked during pregnancy

bed sharing with parent  blanket placed on baby when put down

please briefly explain what happened: \_\_\_\_\_

\_\_\_\_\_

does the baby have siblings?  yes  no  unknown

if yes, please list names & ages : \_\_\_\_\_

\_\_\_\_\_