

## SUDDEN & UNEXPECTED INFANT DEATH REFERRAL FORM

*The Northwest Infant Survival & SIDS Alliance (formerly SIDS Foundation of Washington) is a statewide non-profit organization dedicated to the informational and emotional support of bereaved families. Please fill out as much of the information below as you have and/or the family is willing to share. Fax to 206-548-9445.*

### INFANT INFORMATION

Infant Name: \_\_\_\_\_ Sex:  M  F Ethnicity: \_\_\_\_\_  
County of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### FAMILY INFORMATION

Parent(s): \_\_\_\_\_  
Relationship:  Married  Partners  Separated  Divorce  Single  Other  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Other Children: \_\_\_\_\_

Significant Information: (who found baby, position found, age/ethnicity of parents, partially resuscitated, daycare death, etc.)

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### REQUESTED SERVICES

*If no services are requested, NISSA will send only a condolence letter.*

Family Packet & Infant Survival Guide Book mailing   
Peer Companion (SIDS parent will contact family)   
Quarterly Newsletter   
Support Groups   
Counseling Referrals

### REFERRAL ORIGIN

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_