



## Unassisted Home Birth Preregistration Form

To preregister an unassisted home birth, please complete the following information and return it to [HDSQI@aacounty.org](mailto:HDSQI@aacounty.org) via encrypted email, or mail to SQI Coordinator, HD #14, Anne Arundel County Department of Health, 3 Harry S. Truman Parkway, Annapolis, MD 21401 at your earliest convenience.

### Personal Information

Mother's Full Name: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

### Pregnancy Information

Prenatal Care Provider: \_\_\_\_\_

Date of Most Recent Ultrasound: \_\_\_\_\_

Facility Performing Ultrasound: \_\_\_\_\_

### Birth Plan

Planned Location of Birth: \_\_\_\_\_

Who Will Be Present at the Birth: \_\_\_\_\_

Health Care Provider to Provide Evidence: \_\_\_\_\_

When is the Due Date: \_\_\_\_\_