

Mother's Name: _____
Mother's Medical Record # _____ <small>FOR HOSPITAL USE ONLY</small>
Infant's Medical Record # _____ <small>FOR HOSPITAL USE ONLY</small>

## Mother's Worksheet for Child's Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

**PLEASE PRINT CLEARLY**

**1 - 4. What will be your baby's legal name (as it should appear on the birth certificate)?**

\_\_\_\_\_  
Last                      First                      Middle                      Suffix (Jr., III, etc.)

Name not yet chosen

**5. What is your current legal name?**

\_\_\_\_\_  
Last                      First                      Second                      Suffix (Jr., III, etc.)

**6. What is your date of birth? (Example: 3 - 14 - 1977)**

\_\_\_\_\_  
Month              Day              Year

**7. What name did you use prior to your first marriage?**

\_\_\_\_\_  
Last                      First                      Second                      Suffix (Jr., III, etc.)

Mother's Name \_\_\_\_\_

**8. In what State, U.S. territory, or foreign country were you born?  
Please specify one of the following:**

If United States specify State \_\_\_\_\_ and City \_\_\_\_\_

or

U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas

or

Foreign country \_\_\_\_\_

**9. Where do you usually live -- that is -- where is your household/residence located?**

Complete number and street: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

(Do not enter rural route numbers)

City, Town, or Location: \_\_\_\_\_

Parish / County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(or U.S. Territory, Canadian Province)

If not United States, country \_\_\_\_\_

**10. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)?**

- Yes
- No
- Unknown

**11. What is your mailing address?**

- Same as residence [Go to next question]

Complete number and street: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

(Do not enter rural route numbers)

City, Town, or Location: \_\_\_\_\_

Parish / County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(or U.S. Territory, Canadian Province)

If not United States, country \_\_\_\_\_

Mother's Name \_\_\_\_\_

**\* 12a. Do you want a Social Security Number issued for your baby?**

- Yes [Please sign request below]
- No [Go to Question 13a]

**12b. I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number. (Either parent, or the legal guardian, may sign.)**

Signature of infant's mother or father \_\_\_\_\_

Date \_\_\_\_\_ (mm/dd/yy)

**\* IF YOU CHECK "YES", DISCLOSURE OF PARENTAL SOCIAL SECURITY NUMBERS IS REQUIRED BY 42 USC 405(C)(2) AS AMENDED BY SECTION 1090(B) OF PUBLIC LAW 105-34. THE INFORMATION WILL BE USED BY THE INTERNAL REVENUE SERVICE SOLELY FOR THE PURPOSE OF DETERMINING EARNED INCOME TAX CREDIT COMPLIANCE.**

**13a. Do you want to enroll your child in an Immunization Reminder System?**

- Yes [Please sign request below]
- No [Go to Question 14]

**13b. I request that the child named on this form be enrolled in an Immunization Reminder System. (Either parent, or the legal guardian, may sign.)**

Signature of infant's mother or father \_\_\_\_\_

Date \_\_\_\_\_ (mm/dd/yy)

Mother's Name \_\_\_\_\_

**14. Have you ever been married?**

- Yes [Please go to next question]
- No [Please continue]

*If not married, has a paternity acknowledgment been completed for this child? (That is, have you and the father signed an **ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT** in which the father accepted legal responsibility for the child?) If you are not married, and a paternity acknowledgment has not been completed, information about the father cannot be included on the birth certificate. Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the State Vital Statistics Office.*

- Yes, a paternity acknowledgment has been completed [Please go to Question 14]
- No, a paternity acknowledgment has not been completed [Please go to Question 20]

**15. Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?**

- Yes [Please go to next question]
- No [Please see below]

*If no, has a paternity acknowledgment been completed? (That is, have you and the father signed an **ACKNOWLEDGMENT OF PATERNITY AFFIDAVIT** in which the father accepted legal responsibility for the child?) If you were not married, or if a paternity acknowledgment has not been completed, information about the father cannot be included on the birth certificate. Information about the procedures for adding the father's information to the Birth Certificate after it has been filed can be obtained from the State Vital Statistics Office.*

- Yes, a paternity acknowledgment has been completed [Please go to next question]
- No, a paternity acknowledgment has not been completed [Please go to Question 20]

**16. Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405(c)(section 205(c) of the Social Security Act). The number(s) will be made available to the (State Social Services Agency) to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.**

**What is your Social Security Number?**

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Mother's Name \_\_\_\_\_

**17. What is the highest level of schooling that you will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).**

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> - 12<sup>th</sup> grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

**18. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.**

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)  
(specify) \_\_\_\_\_

**19. What is your race? (Please check one or more races to indicate what you consider yourself to be).**

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Mother's Name \_\_\_\_\_

**20. What is the current legal name of your baby's father?**

\_\_\_\_\_  
Last                      First                      Middle                      Suffix (Jr., III, etc.)

**21. Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405(c)(section 205(c) of the Social Security Act). The number(s) will be made available to the (State Social Services Agency) to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.**

**What is the father's Social Security Number? If you are not married, and if a paternity acknowledgement has not been completed, leave this item blank.**

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**22. What is the father's date of birth? (Example: 3 - 4 - 1976)**

\_\_\_\_      \_\_\_\_      \_\_\_\_       Don't know  
Month      Day      Year

**23. In what State, U.S. territory, or foreign country was the father born?  
Please specify one of the following:**

If United States specify State \_\_\_\_\_ and City \_\_\_\_\_  
*or*  
U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas  
*or*  
Foreign country \_\_\_\_\_

**24. What is the highest level of schooling that the father will have completed at the time of delivery?  
(Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).**

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> - 12<sup>th</sup> grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Mother's Name \_\_\_\_\_

**25. Is the father Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box.**

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Colombian)  
(specify) \_\_\_\_\_

**26. What is the father's race? Please check one or more races to indicate what he considers himself to be.**

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**27. What is your height?**

\_\_\_\_\_ feet \_\_\_\_\_ inches

**28. What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this child?**

\_\_\_\_\_ lbs

Mother's Name \_\_\_\_\_

**29. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?**

- No
- Yes
- Don't Know

**30. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.**

	# of cigarettes		# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

**31. Did you consume alcohol during this pregnancy?**

- Yes
- No

Mother's Name \_\_\_\_\_

**If you are the Mother, please STOP here and sign this worksheet in the space provided at the bottom of this page.**

**If other than the mother please answer the following questions (32 and 33) and then and sign this worksheet in the space provided at the bottom of this page.**

**32. If other than the mother, what is the name of the person providing information for this worksheet?**

\_\_\_\_\_  
Last                                      First                                      Middle                                      Suffix (Jr., III, etc.)

**33. What is your relationship to the baby?**

- Parent
- Other (specify) \_\_\_\_\_

**I, the undersigned, certify that the above stated information is true and correct to the best of my knowledge**

**Date:** \_\_\_\_\_ (mm/dd/yy)

**Signature:** \_\_\_\_\_ **Name of Signatory:** \_\_\_\_\_

**Relationship to Child:**     **Parent**     **Other** \_\_\_\_\_

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
END OF MOTHER'S WORKSHEET