



Parent's Worksheet for Child's Birth Certificate

Please complete the information requested below **before** you leave the hospital. This information is required to create your child's birth certificate, which is a document that will be used for legal purposes to prove your child's age and parentage. IF YOU DO NOT return the completed form to the hospital's Medical Records Office, your hospital admission record may be used to file your child's birth certificate.

It is essential that you accurately answer all questions in their entirety. Health and medical researchers study much of this data to improve maternal child health. State laws provide protection against the unauthorized release of your information to ensure the confidentiality of the parent(s) and their child.

Please note: Once filed, birth certificates are not automatically provided to the parent(s). To obtain a certified copy of your child's birth certificate, you must request one, for a fee, at any city or town hall in Rhode Island or at the Center for Vital Records at the Rhode Island Department of Health (open Monday-Friday, 7:30 a.m. to 3:30 p.m.). For more information, please visit www.health.ri.gov or call our Health Information Line at 401-222-5960.

PLEASE PRINT CLEARLY

Child's Information

1. What is your baby's legal name (as it will appear on the birth certificate)?

First _____ Middle _____ Last _____ Suffix _____

Plurality (Single, Twin, etc.) _____ Birth Order (1st, 2nd, etc.) _____ Date of Birth ____/____/____

Time of Birth ____:____ a.m. / p.m. Child's Sex _____

2. Hospital name, or if not a hospital birth, street number, name, and city where the birth took place.

Name of hospital or address where birth took place *City/Town*

Delivery Parent #1 Information

3a. Please provide your current legal name.

First _____ Middle _____ Last _____ Suffix _____

3b. Please provide your maiden name (your name as it appears on your birth record prior to your first marriage). **Do not leave blank*

First _____ Middle _____ Last _____ Suffix _____

4. What is your date of birth and age?

5. In what state, US territory, or foreign country were you born?

Month Day Year Age

Name of state, US territory, or foreign country

6. What is your Social Security Number?

_____/_____/_____

7. Marital Status – Please select one and answer within that selection.

- Never married – please select one
 - Parent #2 and I would like to complete a *Voluntary Acknowledgment of Parentage*.
 - Parent #2 and I DO NOT wish to complete a *Voluntary Acknowledgment of Parentage*.

- Married – please select one
 - Parent #2 and I would like to complete a *Voluntary Acknowledgment of Parentage*.
 - Parent #2 and I DO NOT wish to complete a *Voluntary Acknowledgment of Parentage*.

- Married (Separated) and parent #2 IS NOT the genetic parent (please complete *Denial of Parentage Form VS-DP1*)

- Divorced or widowed – please select one
 - Parent #2 and I would like to complete a *Voluntary Acknowledgment of Parentage*.
 - o Date divorced or widowed (month and year) _____
 - Parent #2 and I DO NOT wish to complete a *Voluntary Acknowledgment of Parentage*.

The State Office of Vital Records requires both parents to present a valid government-issued ID at time of completing the *Voluntary Acknowledgment of Parentage* to add parent #2 to the record. If valid ID is not presented at the time of completing the parentage acknowledgment, parent #2 will not be added to the birth record at time of filing.

Social Security Administration: Enumeration at Birth

8a. Social Security Enumeration at Birth

Do you want a Social Security Number issued for your baby? If you answer *Yes*, a Social Security Number will be automatically assigned for your child by the Social Security Administration (SSA), and a card will be sent to your mailing address. If you answer *No*, then you will need to apply for a Social Security Number at your local Social Security office.

- Yes [Please sign request below]
- No [Go to Question 9a]

8b. I authorize the Rhode Island Department of Health, Office of Vital Records, to provide the Social Security Administration with information from my child’s birth certificate to issue a Social Security Number and card.

Signature _____ Date _____

(Either parent, or the legal guardian may sign.)

Delivery Parent #1 Information (Continued)

9. What is your mailing address?

Complete number and street: _____ Apartment No. _____

PO box: _____

City, Town, or Location: _____

State: _____ ZIP Code: _____

If not in the United States, name of *country*: _____

9a. Please provide your email address

Email: _____

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

Same as mailing [Go to next question]

Complete number and street: _____ Apartment No. _____

City, Town, or Location: _____

County: _____ State: _____

ZIP Code: _____ (or US territory, Canadian Province)

If not United States, name of country: _____

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

- 8th grade or less
- 9th - 12th grade, nodiploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate's 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)

12. Please specify the primary language that is spoken in your home:

13. Are you Spanish/Hispanic/Latina? If *not* Spanish/Hispanic/Latina, check the *No* box. If Spanish/Hispanic/Latina, check the appropriate box(es).

- No, not Spanish/Hispanic/Latina
- Yes, Spanish/Hispanic/Latina (specify):
 - Mexican, Mexican American, Chicana
 - Puerto Rican
 - Cuban

Other Spanish/Hispanic/Latina; specify (e.g. Spaniard, Salvadoran, Dominican, Colombian, etc.)

14. 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) _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) _____
- Other (specify) _____

Parent #2 Information (only if married or a Voluntary Acknowledgment of Parentage is completed and approved)

15a. Please provide parent #2's current legal name.

First _____ Middle _____ Last _____ Suffix _____
Current Legal Name

15b. Please provide parent #2's maiden name if applicable (name as it appears on your birth record prior to marriage).

First _____ Middle _____ Last _____ Suffix _____

16. Parent #2 date of birth and age

17. In what state, US territory, or foreign country was parent #2 born?

_____/_____/_____
Month Day Year Age

Name of state, US territory, or foreign country

18. What is parent #2's Social Security Number?

_____/_____/_____

19. What is the parent #2's residence address?

Same as parent #1[Go to next question]

Complete number and street: _____ Apartment No. _____

City, Town, or Location: _____

County: _____ State: _____

ZIP Code: _____ (or US territory, Canadian Province)

If not United States, name of country: _____

20. What is the highest level of schooling the parent #2 will have completed at the time of delivery? (If currently enrolled, check the box that indicates the previous grade or highest degree received.)

- 8th grade or less
- 9th - 12th grade, nodiploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate's 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)

21. Is parent #2 Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the No box. If Spanish/Hispanic/Latino, check the appropriate box(es).

- No, not Spanish/Hispanic/Latino
- Yes, Spanish/Hispanic/Latina (specify):
 - Mexican, Mexican American, Chicano
 - Puerto Rican
 - Cuban
 - Other Spanish/Hispanic/Latina; specify (e.g. Spaniard, Salvadoran, Dominican, Colombian, etc.)

22. What is parent #2's race? Please check *one or more* races to indicate what is considered to best represent the parent.

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or Alaskan Native (name of enrolled or principal tribe) _____ | <input type="checkbox"/> Other Asian(specify) _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander _____ |
| | <input type="checkbox"/> Other(specify) _____ |

Delivery Parent #1 Medical and Other Health-Related Information

23. What was your weight at time of delivery (pounds)?

_____pounds

24. What was your pre-pregnancy weight; that is, your weight immediately before you became pregnant with this child (pounds)?

_____pounds

25. What is your height?

_____feet _____inches

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

- Yes
- No
- Don't know

27. Did you receive the Tetanus-Diphtheria-Pertussis (Tdap) vaccination during this pregnancy?

- Yes
- No
- Don't know

28. During the 12 months before the delivery of your new baby, did you receive the influenza (flu) vaccination?

- Yes
- No
- Don't know

29. Did you smoke during this pregnancy?

- Yes
- No

If yes, please provide: How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?

	# of cigarettes		# of packs
Three months before pregnancy	_____	or	_____
First Trimester	_____	or	_____
Second Trimester	_____	or	_____
Third Trimester	_____	or	_____

30. Did you drink alcohol during pregnancy? If so, what was the average number of drinks per week?

- Yes; average number of drinks per week: _____
- No
- Don't know

31. Pregnancy History

Is this your first pregnancy?

- Yes
- No

If not first pregnancy, please provide:

Number of previous live births now living [not including this birth]: _____

Number of previous live births now deceased: _____

Number of other pregnancies where the pregnancy was terminated spontaneously or induced: _____

Date of last live birth [birth date of previous child born alive not including this birth] (month, day, year): _____

Date last pregnancy was terminated spontaneously or induced (month, day, year): _____

32. Prenatal Care

Did you receive prenatal care?

- Yes No

Date of your first prenatal care visit (month, day, year): _____

Date of your last prenatal care visit (month, day, year): _____

If unknown, then enter the pregnancy month your prenatal care began: _____

Total number of prenatal care visits: _____

Date your last normal menses (period/menstrual cycle) began (month, day, year): _____

33. Your Insurance Information

How is your insurance paid?

- RiteCare/Medicaid (federal or state plan)
- Private (insurance paid by a company)
- Self-pay (no insurance company identified)

Not insured

What is the name of the insurance company?

- Medicaid
- Blue Cross or Healthmate
- Blue Chip
- Tricare

Neighborhood Health Plan

Other (specify): _____

Insurance Policy Number: _____

Person Providing the Information

I hereby certify that the information I have provided above is correct to the best of my knowledge. I am aware that Rhode Island law imposes a penalty of up to one thousand dollars (\$1,000) or imprisonment for up to one year, or both, for any person who willfully and knowingly provides false information.

34a. If you are the delivery parent #1, please sign here

34b. If other than the delivery parent #1, please sign here

Please state your relationship to the baby:

- Parent #2
- Other relative

Hospital employee

Other, please specify _____

Please return this completed birth certificate worksheet to the Medical Records Office as instructed by your hospital.



Thank you for taking the time to complete the information requested. The information will serve your child in the years to come, and much of the information collected also will be used by health and medical researchers to study and improve the health of mothers and newborn infants locally and nationally. All information will remain confidential.