

Mother's Medical Records # _____
FOR HOSPITAL USE ONLY

Mother's name _____

Final 12/16

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.

All information on the mother should be for the woman who delivered the infant. In cases of surrogacy or gestational carrier, the information reported should be that for the surrogate or the gestational carrier, that is, the woman who delivered the infant.

PLEASE PRINT CLEARLY

1. What is your current legal name?

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

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

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

Name not yet chosen

3. 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: _____

County: _____ State: _____ Zip Code: _____
(or U.S. Territory, Canadian Province)

If not United States, *country* _____

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

- Yes
 No
 Don't know

Mother's Name _____

5. What is your mailing address?

Same as residence [Go to next question]

Complete number and street: _____

Apartment Number: _____ P. O. Box. _____

City, Town, or Location: _____

State: _____ Zip Code: _____
(or U.S. Territory, Canadian Province)

If not in the United States, *country* _____

6. What is your date of birth? (Example: 3 - 4 - 1987)

Month Day Year

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

State _____

or

U.S. territory _____

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

or

Foreign country _____

8. 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).

- 8th grade or less
- 9th - 12th 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 _____

9. 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, Colombian)
(specify) _____

10. 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) _____

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

- No
- Yes
- Don't know

Mother's Name _____

12. Did this pregnancy result from infertility treatment?

- Yes (Please answer 12a and 12b)
- No

If yes, (12a) did this pregnancy result from fertility-enhancing drugs, artificial insemination, or intrauterine insemination?

- No
- Yes

If yes, (12b) did this pregnancy result from assisted reproductive technology (e.g., in-vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))?

- No
- Yes

13. What is your height?

_____ feet _____ inches

14. What was your prepregnancy weight, that is, your weight immediately before you became pregnant with this child?

_____ lbs

15. 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	_____

*refers to tobacco products only, NOT e-cigarettes.

Mother's Name _____

16. Have you ever been married?

- Yes** [Please go to question 17]
- No** [Please see below]

If no, has a paternity acknowledgment been completed? (That is, have you and the father signed a form [insert name of State paternity acknowledgment form] 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 Question 19]
- No**, a paternity acknowledgment has not been completed [Please go to Question 25]

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

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

18. 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 question 19]
- No** [Please see below]

If no, has a paternity acknowledgment been completed? (That is, have you and the father signed a form [insert name of State paternity acknowledgment form] 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 Question 19]
- No**, a paternity acknowledgment has not been completed [Please go to Question 25]

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

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

Mother's Name _____

20. What is the father's date of birth? (Example: 3 - 4 - 1986)

Month Day Year

Don't know

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

State _____

or

U.S. territory _____

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

or

Foreign country _____

22. 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).

- 8th grade or less
- 9th - 12th 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)

23. 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/Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian)
(specify) _____

Mother's Name _____

24. 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) _____

25. 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.

25a. What is your Social Security Number?

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25b. What is the father's Social Security Number? If you are not married, and if a paternity acknowledgment has not been completed, leave this item blank.

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26a. Do you want a Social Security Number issued for your baby?

- Yes [Please sign request below]
- No [Go to Question 26a]

Mother's Name _____

26b. 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 _____

**If you are the Mother, please STOP here.
If other than the mother please answer the following questions:**

27a. If other than the mother, what is the name of the person providing information for this worksheet?

First

Middle

Last

Suffix (Jr., III, etc.)

27b. What is your relationship to the baby's mother?

- Father of baby
- Other relative
- Hospital employee
- Other, (specify) _____

Please return your completed birth certificate worksheet to:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX