

FOR HOSPITAL USE ONLY

Room Number: _____

Mother's MRN: _____ Mother's Name: _____

Child's Date of Birth: _____ Child's MRN: _____

Multiple Delivery? Yes or No If "Yes," Child 1 of _____ # of Birth Certificate _____

MOTHER'S WORKSHEET FOR LIVE BIRTH - to be completed by Mother

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. It is very important that you provide complete and accurate information to all of the questions. In addition to the information used to prepare the birth certificate, other information (such as education and occupation and industry) is not shown on the birth certificate, but is used by health and medical researchers to study and improve the health of mothers and newborn infants.

PLEASE PRINT ALL INFORMATION CLEARLY**1. What will be your baby's legal name (as it should appear on the birth certificate? DO NOT LIST NICKNAMES.**_____
First_____
Middle_____
Last_____
Suffix (Jr. III, etc.).**MOTHER'S INFORMATION****2. What is your current legal name?**_____
First_____
Middle_____
Last**3. Mother's mailing address:**

What is the Zip Code for your mailing address? _____

In what State is your mailing address? _____

In what County is your mailing address? _____

In what City/Town is your mailing address? _____

What is the address for your mailing address? _____

Is this address inside or outside the city limits of the place listed as the City/Town of your mailing address?

Inside _____
Outside**4. Mother's physical address: This is the address where you physically live – Do not enter a PO Box or a Box Number in this item.**Is this address the same as your mailing address? ☐ Yes ☐ No (If yes, go to the Item #5.)

If no, complete the following items:

What is the Zip Code for your physical address? _____

In what State is your physical address? _____

In what County is your physical address? _____

In what City/Town is your physical address? _____

What is the address for your physical address? _____

Is this address inside or outside the city limits of the place listed as the City/Town of your physical address?

Inside _____
Outside

5. What is your date of birth?

M M

D D

Y Y Y Y

6. Where were you born?

United States – Name of State _____

US Territory – Name of Territory _____

Another Country – Name of Country _____

Canada – Name of Province _____

7. Mother's Education -- highest grade completed (choose one):

____ 8th grade or less

____ 9th through 12th grade; no diploma

____ High school graduate or GED completed

____ Trade/Technical School

____ 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., EMd, MSW, MBA)

____ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS DVM, LLB, JD)

____ Unknown

8. Is Mother of Hispanic Origin? ☐ No ☐ Yes (if yes, please check appropriate box)

____ Mexican ____ Puerto Rican ____ Cuban ____ Other (Specify) _____

9. Mother's race: (Please check one or more races to indicate what you consider yourself to be)

____ White

____ Black or African American

____ Asian Indian

____ American Indian or Alaskan Native, specify tribe: _____

____ Second American Indian or Alaskan Native, if any, specify tribe: _____

____ Chinese

____ Filipino

____ Japanese

____ Korean

____ Vietnamese

____ Other Asian, specify: _____

____ Second Other Asian, if any, specify: _____

____ Native Hawaiian

____ Guamanian or Chamorro

____ Samoan

____ Other Pacific Islander, specify: _____

____ Second Other Pacific Islander, specify: _____

____ First Other, specify: _____

____ Second Other, if any, specify: _____

10. What is your Social Security Number?

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).

11. What was your occupation during this pregnancy? For example: cashier, bank teller, nurse, attorney, etc.

Occupation: _____

12. In what industry did you perform this occupation? Please do not give the name of the business, but list what type of business it is. For example: restaurant, bank, health care, legal, etc.

Industry: _____

13. Weight (Pre-Pregnancy):

_____ Lbs. _____ Unknown

14. Weight at delivery:

_____ Lbs. _____ Unknown

15. Height:

_____ Feet _____ Inches

16. Did you receive WIC during your pregnancy?

☐ Yes ☐ No ☐ Unknown, not stated

17. Tobacco use during past 12 months? ____ Yes ____ No ____ Unknown

If yes, enter number of cigarettes per day (1/4 pack= 5 cigarettes, 1/2 pack= 10 cigarettes, one pack = 20 cigarettes)

Pre-Pregnancy Trimester _____ unknown

First Trimester _____ unknown

Second Trimester _____ unknown

Third Trimester _____ unknown

18. As part of the process for preparing your child's birth certificate, you may request that the Social Security Administration issue a Social Security Number for your child. Do you want a Social Security Number issued for your baby? _____ Yes [Please sign request below] _____ No

I request that the Social Security Administration assign a Social Security number to the child or children named in this worksheet and authorize the Center for Health Statistics to provide the Social Security Administration with the information from this form which is needed to assign a number. I understand that my social security number and the father's social security number will be made available to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance. They may also be made available to Child Support Enforcement Division to assist with child support enforcement activities.

Signature of Parent: _____

(Signature is required by Social Security Administration)

19. Daytime phone number with area code if there are questions:

(_____) _____

20. What was your name prior to your first marriage (your maiden name)?

_____ First _____ Middle _____ Last

Have you ever been married? ☐ Yes ☐ No ☐ Unknown

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

_____ Yes, Married [Please go to question 23] _____ No, Not Married [Please go to question 22]

22. If not married, will an Acknowledgement of Paternity be completed? (That is, will you and the father sign an Acknowledgement of Paternity form in which you and the father state that he is the natural father of your child)? IF YOU HAVE QUESTIONS, ASK HOSPITAL CLERK ABOUT ESTABLISHING PATERNITY (THE LEGAL FATHER) FOR YOUR CHILD.

_____ Yes, an Acknowledgement of Paternity will be completed [Please go to Question 23]

_____ No, an Acknowledgement of Paternity will not be completed [Please go to Question 32]

If you are not married, and an Acknowledgement of Paternity 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 Center for Health Statistics.

FATHER'S INFORMATION:

If you are married, answer Questions 23 through 31 for your husband who is the legal father of your child. If you signed an "Acknowledgement of Paternity" answer Questions 23 through 31 for the man who also signed the "Acknowledgement of Paternity" and became the legal father of your child.

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

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

24. What is the father's date of birth?

M M

D D

Y Y Y Y

25. Where was the father born?

United States – Name of State _____

US Territory – Name of Territory _____

Another Country – Name of Country _____

Canada – Name of Province _____

26. What is the father's Social Security Number? _____ - _____ - _____

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).

27. What was the father's occupation during this pregnancy? For example: cashier, bank teller, nurse, attorney, etc.

Occupation _____

28. In what industry did the father perform this occupation? Please do not give the name of the business but list what type of business it is. For example; restaurant, bank, health care, legal, etc.

Industry _____

29. Father's education -- highest grade completed (Choose one):

- ☐ 8th grade or less
☐ 9th through 12th grade; no diploma
☐ High school graduate or GED completed
☐ Trade/Technical School
☐ 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., EMd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS DVM, LLB, JD)
☐ Unknown

30. Is father of Hispanic origin? ☐ No ☐ Yes (If yes, please check appropriate box)

☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other (specify) _____

31. Father's race: (Please check one or more races to indicate what you consider yourself to be)

- ☐ White
☐ Black or African American
☐ Asian Indian
☐ American Indian or Alaskan Native, specify tribe: _____
☐ Second American Indian or Alaskan Native, if any, specify tribe: _____
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian, specify: _____
☐ Second Other Asian, if any, specify: _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander, specify: _____
☐ Second Other Pacific Islander, specify: _____
☐ First Other, specify: _____
☐ Second Other, if any, specify: _____

32. Signature of mother (or father if he is listed on the birth certificate)

I certify that the information given on this worksheet to be used to prepare my child's birth certificate is correct.

Signature

Date

Multiple Birth Sheet

Please complete the following page if there were multiple births in this delivery. For example, the second baby in a twin delivery or the second and third babies in a triplet delivery.

SECOND BABY: WHAT WILL BE YOUR SECOND BABY'S LEGAL NAME (AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE)?

First

Middle

Last

Suffix (Jr., III, etc.)

Hospital Use Only

Medical Record Number _____ Date of Birth _____

(Live Birth Only)

☐ LB

☐ FDR

THIRD BABY: WHAT WILL BE YOUR THIRD BABY'S LEGAL NAME (AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE)?

First

Middle

Last

Suffix (Jr., III, etc.)

Hospital Use Only

Medical Record Number _____ Date of Birth _____

(Live Birth Only)

☐ LB

☐ FDR

FOURTH BABY: WHAT WILL BE YOUR FOURTH BABY'S LEGAL NAME (AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE)?

First

Middle

Last

Suffix (Jr., III, etc.)

Hospital Use Only

Medical Record Number _____ Date of Birth _____

(Live Birth Only)

☐ LB

☐ FDR

FIFTH BABY: WHAT WILL BE YOUR FIFTH BABY'S LEGAL NAME (AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE)?

First

Middle

Last

Suffix (Jr., III, etc.)

Hospital Use Only

Medical Record Number _____ Date of Birth _____

(Live Birth Only)

☐ LB

☐ FDR