

BIRTH CERTIFICATE WORKSHEET

Please print clearly and answer ALL items on this form. After completing, please return promptly for review.

DEMOGRAPHICS

Child's Information

Child's Name (Legal Name to appear on Birth Certificate)

First _____ Middle _____ Last _____ Suffix _____

Do you want a Social Security Number for his child? Yes No

Mother/Parent A's Information

Mother/Parent A's Current Legal Name

First _____ Middle _____ Last _____ Suffix _____

Mother/Parent A's Full Name given at birth or on birth certificate (Maiden Name)

First _____ Middle _____ Last _____ Suffix _____

Social Security Number ____ - ____ - _____ Place of Birth (State/Country) _____ Date of Birth: ____/____/____

Mother/Parent A's Address Information

Residential Street Address _____ Apt _____ City/Town _____ Zip _____

State/ Country _____ Municipality _____ County _____

Phone# _____ Email ID _____

Does Mother/Parent A Reside within city limits? Yes No Is the mailing address same as residence? Yes No

Mailing Street Address _____ Apt _____ City/Town _____ Zip _____

State/ Country _____ Municipality _____ County _____

Mother/Parent A's Marriage Information

Marital Status (If divorced or widowed *less than 300 days*, select married)

- | | | |
|---|---|--|
| <input type="checkbox"/> Married (Select an option)
<input type="checkbox"/> Record spouse on the Birth Certificate
<input type="checkbox"/> Do not record spouse on Birth Certificate
<input type="checkbox"/> Spouse not the father. Record biological father on Birth Certificate. | <input type="checkbox"/> Never Married (Select an option)
<input type="checkbox"/> Record father on the Birth Certificate
<input type="checkbox"/> Do not record father on the Birth Certificate | <input type="checkbox"/> Divorced or Widowed (select an option)
<input type="checkbox"/> Record father on the Birth Certificate
<input type="checkbox"/> Do not record father on Birth Certificate
<input type="checkbox"/> Date Divorced/ Widowed: ____/____/____ |
|---|---|--|

Mother/Parent A's Demographics

Education- (Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8th grade or less
 9th-12th grade; no diploma
 High school graduate or GED completed
 Some college credit, but not a degree
 Associate degree
 Bachelor's degree
 Master's degree
 Doctorate or Professional degree



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Employment

Business/Industry _____ Occupation _____

Employed during the past year? Yes No

Employer Information:

Employer Name: _____ Street Address _____ City/Town _____

Zip Code: _____ State/Country _____ County _____

Hispanic Origin- Check the box that best describes whether the mother/Parent A is Spanish/Hispanic/Latina.

- No, not Spanish/Hispanic/Latina Yes, Mexican, Mexican American, Chicana Yes, Puerto Rican
 Yes, Cuban Refused/Unknown Yes, other Spanish/Hispanic/Latina (Specify) _____

Race- Check one or more races to indicate what the mother/ Parent A considers themselves to be

- White Black or African American American Indian or Alaska Native _____
 Asian Indian Chinese Filipino Japanese Korean Vietnamese
 Other Asian _____ Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander _____ Other (Mestizo, Morena, etc.,) _____

Father/Parent B's Information

Father/Parent B's Name

First _____ Middle _____ Last _____ Suffix _____

Father/Parent B's Full Name given at birth or on birth certificate

First _____ Middle _____ Last _____ Suffix _____

Social Security Number ____ - ____ - ____ Place of Birth (State/Country) _____ Date of Birth: ____/____/____

Father/Parent B's Address Information

Is Father/Parent B's residence same as Mother/Parent A's residence? Yes No

Residential Street Address _____ Apt _____ City/Town _____ Zip _____

State/ Country _____ Municipality _____ County _____

Phone# _____ Email ID _____

Is the mailing address same as residence? Yes No

Mailing Street Address _____ Apt _____ City/Town _____ Zip _____

State/ Country _____ Municipality _____ County _____

Father/Parent B's Demographic Information

Education- (Check the box that best describes the highest degree or level of school completed)

- 8th grade or less 9th-12th grade; no diploma High school graduate or GED completed
 Some college credit, but not a degree Associate degree Bachelor's degree Master's degree
 Doctorate or Professional degree

Employment

Business/Industry _____ Occupation _____

Employed during the past year? Yes No

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Employer Information:

Employer Name: _____ Street Address _____ City/Town _____
 Zip Code: _____ State/Country _____ County _____

Hispanic Origin- Check the box that best describes whether the father/ Parent B is Spanish/Hispanic/Latina.

- No, not Spanish/Hispanic/Latina
 Yes, Mexican, Mexican American, Chicana
 Yes, Puerto Rican
 Yes, Cuban
 Refused/Unknown
 Yes, other Spanish/Hispanic/Latina (Specify) _____

Race- Check one or more races to indicate what the father/ Parent B considers themselves to be

- White
 Black or African American
 American Indian or Alaska Native _____
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Other Asian _____
 Native Hawaiian
 Guamanian or Chamorro
 Samoan
 Other Pacific Islander _____
 Other (Mestizo, Morena, etc.,) _____

General Information

Preferred language for information about baby's health care? _____

- Where do you plan to take your child for pediatric care?
 Private Physician
 HMO/Health Plan
 Health Start
 Community Health Center
 Hospital's Clinic
 Other Clinic
 None
 Other

Physician/Practice Name: _____

Infant Place of Birth Information if not in Our Facility

Place of Birth Name and Address.

Name of Place: _____
 Residential Street Address _____ Apt _____ City/Town _____ Zip _____
 State/ Country _____ Municipality _____ County _____

Child's Medical Record # _____

Informant's Information

Informant's First Name: _____ **Last Name:** _____
Relationship to Child: _____ **Signature** _____ **Date Signed** ____/____/____