

Mother's Medical Record #

Mother's Name

MOTHER'S WORKSHEET FOR CHILD'S BIRTH CERTIFICATE

The information you provide below will be used to complete 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. Your child throughout his or her life will use the information from this document. Please take care to answer each question as accurately as possible. Please ask the birth certificate clerk in the hospital for assistance if you have any questions.

1. Child's Name - This should be the name that child will use throughout life. The child's given first and middle names may be changed within one year of the date of birth. The last name(s) entered here may only be changed by court order.

First/Given Name Middle Last Name(s)/Surname (Include space or hyphen) Suffix (II, Sr)

2. Mother's Current Legal Name -

First/Given Name Middle Last Name(s)/Surname (Include space or hyphen) Suffix (II, Sr)

3. Mother's Date of Birth (MM/DD/YYYY) -

4. Mother's Name Before First Marriage (Maiden Name) - What is currently listed on your legal birth certificate

First/Given Name Middle Maiden Name(s) (Include space or hyphen) Suffix (II, Sr)

5. Mother's Place of Birth - List the U.S. State, U.S. Territory, or Foreign Country:

6. Mother's Residence Address and Contact Information - Enter the address where you usually live, that is, where your household or residence is located. It is not to be a temporary residence used during a visit or vacation. Residence during a tour of military duty or during attendance at college should be entered.

Street Number and Name Apt or Lot Number City, Town or Location

County State or Territory Zip Code

Is this residence inside the city limits? YES NO

Mother's Primary Telephone/Cellular Phone Number -

Mother's E-Mail Address -

7. Mother's Marital Status - VERY IMPORTANT - ITEMS 7 AND 8 ESTABLISH PATERNITY FOR THE CHILD. a. Was the mother married to anyone within the 300 days prior to birth? YES (Answer "b") NO (Skip to question #8)

b. If YES, is the spouse the father of the child? YES (Skip to question #9) NO (Answer question #8)

8. Paternity Acknowledgement - Complete if the mother was not married to the child's natural/biological father. a. Has the natural/biological father signed an Affidavit Acknowledging Paternity? YES NO

b. If the mother was married, has her husband signed an affidavit denying paternity? YES NO



The following information is needed to compile statistics to be used for planning and evaluating department of health programs for expectant mothers and newborn infants. It will not be included on certified copies of the birth certificate.

**16. Mother's Education** - Check the box that best describes the highest degree or level of school completed at the time of delivery.

- 8<sup>th</sup> grade or less (includes none)
- 9<sup>th</sup>– 12<sup>th</sup> grade, but 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, BS, AB)
- Master's degree (e.g., MA, MSW, MS, MEng, MEd, MBA)
- Doctorate or professional degree (e.g., DDS, DVM, JD, MD, PhD, EdD, LLB)
- Unknown

**19. Father's Education** - Check the box that best describes the highest degree or level of school completed at the time of delivery.

- 8<sup>th</sup> grade or less (includes none)
- 9<sup>th</sup>– 12<sup>th</sup> grade, but 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, BS, AB)
- Master's degree (e.g., MA, MSW, MS, MEng, Med, MBA)
- Doctorate or professional degree (e.g., DDS, DVM, JD, MD, PhD, EdD, LLB)
- Unknown

**17. Mother's Hispanic Origin** – Check the box that best describes whether the mother is Spanish/ Hispanic/ Latina. Check the “NO” box if the mother is not Spanish/ Hispanic/ Latina.

- No, not Spanish/ Hispanic/ Latina.
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/ Hispanic/ Latina. (Specify)\_\_\_\_\_
- Unknown

**20. Father's Hispanic Origin** – Check the box that best describes whether the father is Spanish/ Hispanic/ Latino. Check the “NO” box if the father is not Spanish/ Hispanic/ Latino.

- No, not Spanish/ Hispanic/ Latino.
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/ Hispanic/ Latino. (Specify)\_\_\_\_\_
- Unknown

**18. Mother's Race** – Check one or more races to indicate what the mother considers herself 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)\_\_\_\_\_
- Unknown

**21. Father's Race** – Check one or more races to indicate what the father 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)\_\_\_\_\_
- Unknown

22. **Mother's Height?** \_\_\_\_\_ Feet \_\_\_\_\_ Inches
23. **Mother's Pre-pregnancy Weight** - mother's weight immediately before she became pregnant? \_\_\_\_\_ lbs
24. **Did the mother receive WIC (Women, Infants, and Children) food for herself because she was pregnant with this child?** .....  YES  NO
25. **Cigarette Smoking Before and During Pregnancy** – How many cigarettes OR packs of cigarettes did the MOTHER smoke on an average day during each of the following time periods?

**Never Smoked during this pregnancy** (Skip to Question 26)

	<u>Number of Cigarettes/Day</u>	<u>Packs/Day</u>
Three months <b>BEFORE</b> pregnancy	OR	
First three months of pregnancy	OR	
Second three months of pregnancy	OR	
Last three months of pregnancy	OR	

26. **Month Prenatal Care Began** – Enter the month of pregnancy when the mother began going to the doctor for prenatal care. Please only enter a value between 01 through 10. If the mother did not receive prenatal care, please enter “NONE” in the space provided.

**Month prenatal care began -** \_\_\_\_\_

(Example: 1 = Prenatal care began the **first month** of pregnancy and 2 = Prenatal care began the second month of pregnancy.)

*Before signing, please make sure ALL applicable questions have been answered. If there are blank items, they may have a negative impact on the filing of the birth certificate.*

I certify the information provided for this certificate is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Person Providing Information

\_\_\_\_\_  
Date Signed