

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. If you have a problem with some of the questions, please ask the birth certificate clerk in the hospital for assistance.

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 or by an Affidavit Acknowledging paternity.

Form for child's name with fields: First, Middle, Last Name(s), Suffix (II, Sr)

2. Mother's Current Legal Name -

Form for mother's current legal name with fields: First, Middle, Last Name(s), Suffix (II, Sr)

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

4. Mother's Name Before First Marriage (Maiden Name) -

Form for mother's maiden name with fields: First, Middle, Maiden Name(s), 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 - This should be the place at which the mother has set up housekeeping. 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.

Form for residence address with fields: 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/parent 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/spouse signed an affidavit denying paternity? YES NO

9. Father/Parent's Current Legal Name - If the mother was unmarried throughout her pregnancy, a father may only be named if an Affidavit Acknowledging Paternity is signed. If the mother was married at any time during the pregnancy (300 days prior to birth), the name of the spouse must be entered as the father/parent unless the natural/biological father signs an Affidavit Acknowledging Paternity. If the spouse does not sign an affidavit denying paternity, contact Vital Statistics Services immediately for guidance on completing the filing. The affidavit forms maybe obtained from the birth certificate clerk.

_____ / _____ / _____ / _____
First Middle Last Name(s) Suffix (II, Sr)

10. Father/Parent's Date of Birth (MM/DD/YYYY) - _____ / _____ / _____

11. Father/Parent's Place of Birth - List the U.S. State, U.S. Territory, or Foreign Country: _____

12. Mother's Mailing Address and Contact Information – If same as Residence Address, skip to question 13.

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

County State or Territory Zip Code

13. Information Released to Obtain a Social Security Number? – Check "YES" if the parents wish to have information released from this form to the Social Security Administration to assign a Social Security number to this child.

A Social Security card for the child will be sent directly to the Mother's Mailing Address YES NO

14. Information Release for Wyoming Department of Health Public Health Nurse County Services? A Public Health Nurse Representative will contact mothers to provide information regarding services available in her community. Check "NO" if the mother does NOT want to obtain information regarding services provided by Public Health Nursing in her community NO

15. Parents' Social Security Numbers – Furnishing the parents' Social Security Numbers is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Wyoming Department of Family Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

Mother's SSN _____ (Example NNN-NN-NNNN)

Father/Parent's SSN _____ (Example NNN-NN-NNNN)

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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.

- 8th grade or less (includes none)
- 9th – 12th 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)
- Refused
- Not Obtainable
- Unknown
- Not Classifiable

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

- 8th grade or less (includes none)
- 9th – 12th 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)
- Refused
- Not Obtainable
- Unknown
- Not Classifiable

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
- Refused
- Not Obtainable

20. Father/Parent'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
- Refused
- Not Obtainable

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
- Refuse
- Not Obtainable

21. Father/Parent'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
- Refuse
- Not Obtainable

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? If the Mother never smoked, select the box and skip to question 26.

Never Smoked (Skip to Question 26)

	<u>Number of Cigarettes/Day</u>	<u>Packs/Day</u>
Three months BEFORE 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