Worksheet for Child's Birth Certificate

*The information you provide below will be used to create your child's birth certificate. It is very important that you provide complete and accurate information to **all** of the questions.* **Please note the items in bold print are items that will appear on the certified copy of the birth certificate.**

PLEASE PRINT CLEARLY

Birthing Mother

1. Where was your baby delivered?
   a. Home Birth - Planned to deliver at home? ☐ Yes ☐ No
2. **What will be your baby's legal name (as it should appear on the birth certificate)?**

   _____

   First Middle Last Suffix (Jr, III,etc)
3. **Date of Birth**: _____ **Time of Birth**: _____AM/PM **Sex:** _____
4. Do you want a Social Security Number for your baby? ☐ Yes ☐ No
5. **What is your current legal name?**

   _____

   First Middle Last Suffix (Jr, III,etc)
6. **What was your name prior to your first marriage?**

   _____

   First Middle Last Suffix (Jr, III,etc)
7. What is your marital status?
   ☐Never Married ☐Married ☐Divorced - Date of Divorce: _____
   ☐Widowed - Date Widowed _____
   If you are not married, and an affidavit of parentage is not completed, information about the father cannot be included on the birth certificate.
8. **What is your date of birth?** _____
9. **In what state, US Territory, or foreign country were you born?** _____
10. What is your Social Security Number? _____
11. What was your *highest* level of schooling at the time of delivery?
    ☐8th grade or less ☐9th-12th grade, no diploma ☐High School graduate or GED completed
    ☐Some college credit, but no degree ☐Associate degree ☐Bachelor's degree
    ☐Master's degree ☐Doctorate or professional degree
12. What is your household **residence address**– that is, where was the baby delivered?
    Street name and number: _____
    City: _____ *County:* _____
    State: _____ *Zip Code:* _____
    Is this address inside city limits? ☐Yes ☐No ☐Don't know
    Is this address also your **mailing address**? ☐Yes ☐No
    If no, what is your mailing address?
    Street name and number: _____
    City: _____ *County:* _____
    State: _____ *Zip Code:* _____

13. Are you Spanish/Hispanic/Latina? (This will not appear on the certified copy)

☐No ☐Yes, Mexican, Mexican American ☐Yes, Puerto Rican ☐Yes, Cuban
☐Yes, other (i.e. Salvadoran, Dominican, Colombian) Specify: _____

14. **What is your race?** (Please check all that apply to you)
☐White ☉Black/African American ☐Asian Indian ☐Chinese ☐Filipino ☐Japanese
☐Korean ☐Guamanian or Chamorro ☐Samoan ☐Native Hawaiian
☐American Indian or Alaska Native (name of enrolled tribe: _____)
☐Vietnamese ☐Other Asian (specify) _____
☐Other Pacific Islander (specify) _____ ☐Other (specify)_____

Father of baby or Spouse

15. **What is the current legal name of the father/spouse?**
_____
First Middle Last Suffix (Jr, III,etc)
16. **What is the date of birth of the father/spouse?** _____
17. **In what state, US Territory, or foreign country was the father/spouse born?**
_____
18. What is the Social Security Number of the father/spouse? _____
19. What is the highest *completed* level of schooling for the father/spouse?
☐8th grade or less ☐9th-12th grade, no diploma ☐High School graduate or GED completed
☐Some college credit, but no degree ☐Associate degree ☐Bachelor's degree
☐Master's degree ☐Doctorate or professional degree
20. Is the residence for the father/spouse the same as parent 1? ☐ Yes ☐ No
If no, where does the father/spouse usually live?
Street name and number: _____
City: _____ County: _____
State: _____ Zip Code: _____
    a. Is the mailing address the same? ☐ Yes ☐ No
    b. If no, what is the mailing address of the father/spouse?
Street name and number: _____
City: _____ County: _____
State: _____ Zip Code: _____
21. Is the father/spouse Spanish/Hispanic/Latino? (This will not appear on the certified copy)
☐No ☐Yes, Mexican, Mexican American ☐Yes, Puerto Rican ☐Yes, Cuban
☐Yes, other (i.e. Salvadoran, Dominican, Colombian) Specify: _____
22. What is the **race of the father/ spouse?**
☐White ☐Black/African American ☐Asian Indian ☐Chinese ☐Filipino ☐Japanese
☐Korean ☐Guamanian or Chamorro ☐Samoan ☐Native Hawaiian
☐American Indian or Alaska Native (name of enrolled tribe: _____)
☐Vietnamese ☐Other Asian (specify) _____
☐Other Pacific Islander (specify) _____ ☐Other (specify)_____

Birthing Mother

23. Did you receive WIC for yourself because you were pregnant with this child? ☐Yes ☐No
24. Did you have insurance for this pregnancy?
☐Medicaid ☐Private Ins ☐Tricare ☐Self Pay ☐Other _____
25. What was the date of your *first* prenatal visit? _____
26. What was the date of your *last* prenatal visit? _____
27. How many *total* prenatal visits did you have? _____

28. How many live births have you had prior to this delivery? _____
    a. How many of those previous live births have since passed away? _____
    b. What was the date of the last live birth? _____
29. How many previous pregnancies resulted in miscarriage/abortion? _____
    a. What was the date of the most recent event? _____
30. Did you have any of the following risk factors during this pregnancy?

    Diabetes - ☐Prepregnancy ☐Gestational

    Hypertension - ☐Prepregnancy ☐Gestational ☐Eclampsia ☐Previous preterm birth

    ☐Other previous poor pregnancy outcomes

    ☐Pregnancy resulted from infertility treatment:

    ☐Fertility-enhancing drugs ☐Assisted reproductive technology

    ☐Mother had a previous cesarean delivery: How many? _____

    ☐None of the above
31. What is your height? _____ Ft _____Inches
32. What was your pre-pregnancy weight? _____ lbs.
33. What was your weight at the time of delivery? _____ lbs.
34. What was the date of your last normal menstrual cycle? _____
35. Did you have any of the following infections present and/or treated during this pregnancy:
    ☐Gonorrhea ☐Syphilis ☐Chlamydia ☐Hepatitis B ☐Hepatitis C ☐None
36. Were you tested for HBsAg? ☐Yes ☐No; Date: _____; ☐Positive ☐Negative
37. Did you have any of the following obstetric procedures:
    ☐Cervical cerclage ☐Tocolysis ☐External cephalic version ☐None
38. Average # of cigarettes mother smoked per day: ☐None

    3 Months before pregnancy: _____ Trimester 1: _____, 2: _____ 3: _____
39. Did you experience any of the following onsets of labor:
    ☐Premature rupture of the membranes ☐Precipitous labor ☐Prolonged labor

    ☐None of the above
40. Did you experience any of the following during labor and delivery:
    ☐Induction of labor ☐Augmentation of labor ☐Non-vertex presentation

    ☐Steroids for fetal lung maturation received by the mother prior to delivery

    ☐Antibiotics received by the mother during labor

    ☐Clinical chorioamnionitis diagnosed by delivery attendant

    ☐Moderate/heavy meconium staining of the amniotic fluid

    ☐Fetal intolerance of labor ☐Epidural during labor ☐None of the above
41. Was delivery with forceps attempted but unsuccessful? ☐Yes ☐No
42. Was delivery with vacuum extraction attempted but unsuccessful? ☐Yes ☐No
43. What was the fetal presentation at birth: ☐Cephalic ☐Breech ☐Other
44. What was the final route and method of delivery:
    ☐Vaginal/spontaneous ☐Vaginal/Forceps ☐Vaginal/Vacuum

    ☐Cesarean – was labor attempted? ☐Yes ☐No

45. Did you experience any of the following complications:
    ☐Maternal transfusion ☐3rd or 4th degree perineal laceration ☐Ruptured uterus
    ☐Unplanned hysterectomy ☐Admission to ICU ☐Unplanned operating room procedure
    ☐None of the above

Newborn

46. What was the baby's birth weight? _____
47. Obstetric estimate of gestation (*completed* weeks): _____
48. APGAR Score: at 5 minutes _____ at 10 minutes (if 5 min <6) _____
49. Abnormal conditions of newborn:
    ☐Assisted ventilation required immediately after delivery
    ☐Assisted ventilation required for >6 hours ☐NICU admission
    ☐Newborn given surfactant replacement therapy ☐Newborn given antibiotics for sepsis
    ☐Seizure or serious neurologic dysfunction ☐Significant birth injury ☐None of the above
50. Congenital anomalies:
    ☐Anencephaly ☐Spina Bifida ☐Cyanotic congenital heart disease
    ☐Congenital diaphragmatic hernia ☐Omphalocele ☐Gastroschisis ☐Limb reduction defect
    ☐Cleft lip or with palate ☐Cleft palate alone
    ☐Down's syndrome – ☐Karyotype confirmed ☐Karyotype pending
    ☐Suspected chromosomal disorder - ☐Karyotype confirmed ☐Karyotype pending
    ☐Hypospadias ☐None of the above
51. Was infant: transferred within 24 hrs? ☐Yes ☐No Facility: _____
    a. Breastfed after delivery? ☐Yes ☐No
    b. Vaccinated with Hep B? ☐Yes ☐No; Date: _____
52. Is infant living at the time of this report? ☐Yes ☐No

Signature _____
Relationship to child: _____ Date: _____
Phone: _____ or _____