

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

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

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

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

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

- What is your date of birth?** _____
- In what state, US Territory, or foreign country were you born?** _____
- What is your Social Security Number? _____
- 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
- 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:* _____

- 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) _____

15. **What is the current legal name of the father/spouse?**

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

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? _____

Father of
baby or
Spouse

Birthing
Mother

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

Newborn

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
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 _____