

# MOTHER'S WORKSHEET FOR CHILD'S BIRTH CERTIFICATE

The information you provide below will be used to create 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. This document will be used by your child throughout his/her life. Therefore, it is very important that you provide complete and accurate information to all the questions.

## PLEASE PRINT CLEARLY

1. What will be your baby's legal name (as it should appear on the birth certificate)?

Not Yet Chosen

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Suffix (Jr., III, etc.)

2. Do you want a Social Security Number issued for your baby?

Yes

No

## MOTHER'S INFORMATION

3. What is your current legal name?

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Suffix (Jr., III, etc.)

4. Marital Status

Never Married

If not married, do you and the baby's father intend to complete an Affidavit of Parentage (AOP) in which he acknowledges that he is the natural father and accepts legal responsibility for the child? Both parents must be in agreement and present to complete the form. If you are not married, and an affidavit of parentage is not completed, information about the father cannot be included on the birth certificate.

Yes, I would like to complete an affidavit of parentage

No, I do not choose to complete an affidavit of parentage

Married

Separated

Divorced Date of Divorce

Widowed Date Widowed

5. What was your full name prior to your first marriage?

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Suffix (Jr., III, etc.)

6. What is your date of birth? (Example: July 4, 1977)

7. In what state, US territory, or foreign country were you born? (Please specify one of the following):

\_\_\_\_\_  
State

\_\_\_\_\_  
or Foreign Country

Or

US Territory, i.e., Puerto Rico, US Virgin Islands, Guam, American Samoa or Northern Marianas

8. Where do you usually live – that is, where is your household residence located? (Do not enter rural route numbers)

Complete number and street: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

City, Town, or Location: \_\_\_\_\_

County: \_\_\_\_\_

State or US Territory, Canadian Province): \_\_\_\_\_ Zip Code: \_\_\_\_\_

If not in the United States, country: \_\_\_\_\_

9. Is this household inside city limits?

Yes

No

Don't Know

Is your mailing address the same as your residence address?

Yes (Go to #11)

No (Go to #10)

10. What is your mailing address?

Complete number and street: \_\_\_\_\_

Apt. Number: \_\_\_\_\_

PO Box: \_\_\_\_\_

City, Town, or Location: \_\_\_\_\_

State (or US Territory, Canadian Province): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

11. What is your Social Security Number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. What is the highest level of schooling that you will have completed at the time of delivery?

(Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received)

8th grade or less

9th – 12th grade, 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, AB, BS)

Master's degree (e.g., MA, MS, MEng., Med., MSW, MBA)

Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)

13. Are you Spanish/Hispanic/Latina?

If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

No, not Spanish/Hispanic/Latina

Yes, Mexican, Mexican American Chicana

Yes, Puerto Rican

Yes, Cuban

Yes, other Spanish/Hispanic/Latina (specify) \_\_\_\_\_

14. What is your race?

(Check one or more races to indicate what you consider yourself 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) \_\_\_\_\_

15. Did you receive WIC (Women, Infants and Children) food for yourself because you were pregnant with this child?

- Yes       No       Don't Know

16. What is your height? \_\_\_\_\_ feet \_\_\_\_\_ inches

17. What was your pre-pregnancy weight? That is, your weight immediately before you became pregnant with this child?

\_\_\_\_\_ Pounds

18. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?  
If you never smoked, enter zero for each time period.

	# of cigarettes	or	# of packs
Three months before pregnancy	_____	or	_____
First three months of pregnancy	_____	or	_____
Second three months of pregnancy	_____	or	_____
Third trimester of pregnancy	_____	or	_____

## FATHER'S INFORMATION

19. What is the current legal name of your baby's father?

\_\_\_\_\_

First	Middle	Last	Suffix (Jr., III, etc.)
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Is the baby's father your husband?

- Yes       No

20. What is father's date of birth? (Example: March 4, 1976)       Don't know

21. What is father's Social Security Number?       Don't know

22. In what state US territory, or foreign country was the father born? (Please specify one of the following)

State \_\_\_\_\_ or Foreign Country \_\_\_\_\_

Or US Territory, i.e., Puerto Rico, US Virgin Islands, Guam, American Samoa or Northern Marianas

23. What is the highest level of schooling that you will have completed at the time of delivery?

(Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received)

- 8th grade or less
- 9th – 12th grade, 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, AB, BS)
- Master's degree (e.g., MA, MS, MEng., Med., MSW, MBA)
- Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)

24. Is the father Spanish/Hispanic/Latino?

If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (specify) \_\_\_\_\_

25. What is the father's race?

(Check one or more races to indicate what you consider yourself 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
- Guanamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**IF YOU ARE THE MOTHER, PLEASE STOP HERE. If other than the mother, please answer the following questions:**

26. What is the name of the person providing the information for this worksheet?

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_

26b. What is your relationship to the baby's mother?

- Father of baby
- Other relative
- Hospital employee
- Other (please specify) \_\_\_\_\_