

## Your Baby's Birth Certificate

The information we are requesting has several purposes including:

- completing the legal portion of your baby's birth certificate;
- collecting information required by federal law; and
- gathering medical information that is used for public health.

### **Completing the legal portion of your baby's birth certificate**

It is very important that the names, dates of birth, and places of birth are correct. Please use full names and make sure the spelling is exactly as you want it to appear on the birth certificate for your baby, the other parent, and your own name. The first time you order a certified copy of the birth certificate, please confirm that the information, including spelling, is correct.

### **Correcting the legal portion of your baby's birth certificate**

The best time to find and correct errors on the birth certificate is during the first year. After one year from date of birth, the requirements for making corrections and changes to records are more complicated and usually require a \$30 amendment fee. We recommend parents order a birth certificate within the first year to review for accuracy. If a correction is needed, parents should make a copy of the record, mark all the changes that are needed and mail or fax a request for instructions to the State office before sending affidavits and fees.

### **Collecting information required by federal law**

Federal law requires that parents' social security numbers be collected at the time of birth. This information is only for support enforcement purposes and is not included on the birth certificate.

### **Gathering medical information that is used for Public Health**

There are many questions on the 'Certificate of Live Birth' form (filed by the hospital) that will not appear on the birth certificate of your child. Your information is combined with records of other births in Oregon. The combined information tells us which health services were used, what problems women are having during their pregnancies, and what health outcomes occur in Oregon.

This information helps agencies decide what services to offer and the levels of need among groups of women. This is why we ask for information about race, ethnicity, education, number of prenatal visits, and many other detailed questions.

Infrequently, contact information (name, address, and telephone number) might be released for public health research. Any research of this type has strict requirements for contacting people and for telling people of their rights under the project, including the right to refuse to participate.

**Please answer every question** to the best of your knowledge. Each question has a purpose.

**Congratulations on Your Baby and Thank You for Your Help.**

# Parent worksheet for birth certificate

## CHILD

Child's legal name as you want it to appear on his or her birth certificate

First \_\_\_\_\_ Middle \_\_\_\_\_ Other middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender  Male  Female

## BIRTH MOTHER

Your current legal name

First \_\_\_\_\_ Middle \_\_\_\_\_ Other middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Your legal name on your birth certificate. Do not report the name from a legal name change (i.e., court-ordered name change, adoption, etc.) unless your birth certificate was amended.  Same as current legal name

First \_\_\_\_\_ Middle \_\_\_\_\_ Other middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Your date of birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Your place of birth \_\_\_\_\_  
State or Canadian province \_\_\_\_\_ Country \_\_\_\_\_

## BIRTH MOTHER'S ADDRESS AND TELEPHONE NUMBER

Residence address \_\_\_\_\_  
Street address including apartment or unit number

City \_\_\_\_\_ County \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_  
Inside city limits?  Yes  No  Unknown

Mailing address  Same as residence address  
If different \_\_\_\_\_  
Street address or PO Box, including apartment or unit number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary telephone number \_\_\_\_\_ Secondary telephone number \_\_\_\_\_

## BIRTH MOTHER'S ATTRIBUTES

Education: What is the highest level of education you have completed?

<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> Associate's degree (e.g. AA, AS)
<input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade; no diploma	<input type="checkbox"/> Bachelor's degree (e.g. BA, BS, AB)
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
<input type="checkbox"/> Some college credit but no degree	<input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, JD)

Ethnicity: Are you of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.) Check one or more; do not leave blank.

<input type="checkbox"/> No, not Spanish/Hispanic/Latina	<input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> Yes, Mexican, Mexican-American, Chicana	<input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (specify) _____
<input type="checkbox"/> Yes, Puerto Rican	

Race: What is your race(s)? Please check one or more races to indicate what you consider yourself to be.

<input type="checkbox"/> American Indian or Alaskan Native (specify tribe(s)) _____	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian (specify) _____
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander (specify) _____
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Japanese	
<input type="checkbox"/> Korean	
<input type="checkbox"/> Native Hawaiian	

**BIRTH MOTHER'S HEALTH**

Did you get WIC food for yourself during this pregnancy?  Yes  No

Your height \_\_\_\_\_ feet \_\_\_\_\_ inches Your weight before you became pregnant \_\_\_\_\_ Current weight \_\_\_\_\_

Tobacco use per day  Didn't smoke

3 months before pregnancy # _____	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Packs
1 <sup>st</sup> 3 months of pregnancy # _____	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Packs
2 <sup>nd</sup> 3 months of pregnancy # _____	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Packs
3 <sup>rd</sup> 3 months of pregnancy # _____	<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Packs

Did you drink alcohol during this pregnancy?  Yes  No If yes, average number of drinks per week? \_\_\_\_\_

Did you go into labor planning to deliver at home or at freestanding birthing center?  Yes  No  Unknown

If yes, what was the planned primary attendant type at onset of labor?

<input type="checkbox"/> Midwife (not licensed)	<input type="checkbox"/> Certified Nurse Midwife	<input type="checkbox"/> Licensed Direct Entry Midwife
<input type="checkbox"/> Naturopathic Doctor	<input type="checkbox"/> Medical Doctor	

**LEGAL RELATIONSHIP OF PARENTS**

Were you married (did you have a legal husband) at conception, at birth, any time between or within 300 days prior to this birth?  Yes  No

If yes, please complete the following Father/Second Parent section with information about your husband.

If not married, are you in an Oregon Registered Domestic Partnership?  Yes  No

If yes, please complete the Father/Second Parent section with your partner's information.

If you were married or in an Oregon Registered Domestic Partnership at any of the times above, only your husband or partner can be listed as the legal parent of your child without a court or administrative order.

If not married or not in an Oregon Registered Domestic Partnership, will you and the father sign a paternity acknowledgment to establish legal paternity at this time?  Yes  No

If a paternity acknowledgment will be signed, please complete the Father/Second Parent section.

**FATHER/SECOND PARENT LEGAL INFORMATION**

Current legal name

\_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Other middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Date of birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of birth \_\_\_\_\_

State or Canadian province \_\_\_\_\_ Country \_\_\_\_\_

**FATHER/SECOND PARENT ATTRIBUTES – Please provide the following information about the Father/Second Parent.**

Education: What is the highest level of education the father/second parent has completed?

<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> Associate's degree (e.g. AA, AS)
<input type="checkbox"/> 9th – 12th grade; no diploma	<input type="checkbox"/> Bachelor's degree (e.g. BA, BS, AB)
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
<input type="checkbox"/> Some college credit but no degree	<input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (MD, DDS, DVM, JD)

Ethnicity: Is father/second parent of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.) Check one or more; do not leave blank.

<input type="checkbox"/> No, not Spanish/Hispanic/Latina	<input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano	<input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (specify)
<input type="checkbox"/> Yes, Puerto Rican _____	

**FATHER/SECOND PARENT ATTRIBUTES (continued)**

Race: What is the father/second parent's race(s)? Please check one or more races to indicate what the father/second parent considers themselves to be.

<input type="checkbox"/> American Indian or Alaskan Native (specify tribe(s)) _____	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian _____	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian (specify) _____
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander (specify) _____
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Japanese	_____
<input type="checkbox"/> Korean	_____
<input type="checkbox"/> Native Hawaiian	_____

**PRENATAL**

Principal payment for delivery

<input type="checkbox"/> Medicaid/OHP	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Other _____
<input type="checkbox"/> Private insurance	<input type="checkbox"/> Champus/Tricare	
<input type="checkbox"/> Self-pay	<input type="checkbox"/> Other government	

Date of your last menses    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Prenatal Care                      No prenatal care

First prenatal visit    \_\_\_\_\_    Last prenatal visit    \_\_\_\_\_    Total prenatal visits    \_\_\_\_\_

Month    Day    Year                      Month    Day    Year

Previous live births

Currently living    None  Number \_\_\_\_\_    Previous live births now dead    None  Number \_\_\_\_\_

Date last live birth    Month \_\_\_\_\_ Year \_\_\_\_\_

Other pregnancy outcomes    None  Number \_\_\_\_\_    Date of last other outcome Month \_\_\_\_\_ Year \_\_\_\_\_

**INFORMANT**     Birth Mother     Father     Second Parent

Other (specify relationship) \_\_\_\_\_

If other than parent, \_\_\_\_\_

First name                      Middle name                      Last name                      Suffix

I certify that the information provided on this form for the purpose of registering the birth is correct to the best of my knowledge.

\_\_\_\_\_ Date signed: \_\_\_\_\_

Informant's signature

**Request that Social Security Number to be issued**

Child's name

\_\_\_\_\_  
First Middle Last Suffix

Date of birth (Month – Day – Year) \_\_\_\_\_

Do you want a Social Security number issued to your child?

Yes  No

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

A Social Security number is required to claim the child on the parents' income tax return, to qualify for many state and federal programs, and other benefits. When a Social Security number is requested, federal law permits the Social Security Administration to forward the information of the parents and the child to the Internal Revenue Service for the purpose of determining income tax credits.

In addition, federal law requires the collection of parents' Social Security numbers at the time of the child's birth for child support purposes. This information will be provided to the Division of Child Support, Oregon Department of Justice.

Birth Mother's name

\_\_\_\_\_  
First Middle Last Suffix

Social Security number \_\_\_\_\_ None

Father/Second Parent's name (if listed on birth certificate)

\_\_\_\_\_  
First Middle Last Suffix

Social Security number \_\_\_\_\_ None

**This form and only this form may be made a part of the permanent medical record to document the request that a Social Security number be issued.**