

DOB _____ Time _____ am/pm

Contact Name & Phone Number _____

Private Home Birth Yes _____ No _____

Home Birth Agency _____

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 they you provide complete and accurate information to all of the questions.

PLEASE PRINT CLEARLY

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

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 (a Government issued photo ID will be required for the father). 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

Divorced

Date of Divorce ____/____/____

Separated

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? _____

8. What is your Social Security Number? - -

9. 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)

10. What is your physical address? Is it the same as your mailing address? Yes No (If no, please complete P.O. Box #)

Complete number and street: _____

Apt. Number: _____ P.O. Box _____ City, Town or Location _____ State _____ Zip Code _____

County _____ Inside City limits? Yes No Don't know

11. 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 (e.g., Spaniard, Salvadoran, Dominican, Columbian)

Specify: _____

12. What is your race? (Please 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) _____

FATHER'S INFORMATION:

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

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

Is the baby's father your husband? Yes No

14. What is the father's date of birth? (Example: March 4, 1976) _____

Don't know

15. In what state, US territory, or foreign country was the father born? _____

16. What is the father's Social Security Number? *If you are not married, and an affidavit of parentage has not been completed, leave this item blank.*

- -

17. What is the highest level of schooling that the father 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)
- Unknown

18. Is the father Spanish/Hispanic/Latino?

If not Spanish/Hispanic/Lation, 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 (e.g., Spaniard, Salvadoran, Dominican, Colombian)

(Specify): _____

19. What is the father's race?

(Please check one or more races to indicate what he 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) _____

MOTHER'S PRENATAL INFORMATION: To be filled out by Mother and /or Midwife

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

Yes No Unknown

21. Principal source of payment for this delivery: Medicaid Private Ins. Self Pay Other _____

22. What is your height? _____ feet _____ inches

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

_____ lbs. Weight at delivery _____ lbs.

24. Previous births _____ #of live births _____ Date of last live birth _____

of terminations _____ Date of last termination _____

25. 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		# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

26. Date of last menstrual period _____

27. Date of first prenatal visit _____ Date of last prenatal visit _____ Total Number of Prenatal Visits: _____

28. Is baby being breastfed? Yes No

29. Hep. B Mom Positive Negative Date Tested: _____

30. Hep. B Baby Date Given: _____ (if applicable)

31. Risk Factors during this pregnancy: Diabetes Pre-pregnancy Gestational

Hypertension Pre-pregnancy Gestational

Eclampsia Previous Pre-term Births Other Previous poor pregnancy outcome

Fertility enhancing drugs, artificial insemination or intrauterine insemination

Assisted reproductive technology

Mother had a previous cesarean delivery None of the Above

32. Infections present and/or treated during this pregnancy:

Gonorrhea Syphilis Chlamydia Hepatitis B
 Hepatitis C None of the Above

33. Obstetric Procedures: Cervical Cerclage Tocolysis External cephalic version
 None of the Above

34. Onset of Labor: Premature Rupture of the Membranes (prolonged >12 hours)
 Precipitous Labor (<3 hours)
 Prolonged Labor (>20 hours)
 None of the Above

35. Characteristics of Labor and Delivery : (Check ALL that Apply)

Induction of Labor
 Augmentation of Labor
 Non vertex presentation
 Steroids given to the mother prior to delivery
 Antibiotics given to the mother during labor
 Clinical chorioamnionitis diagnosed during labor or maternal temp >100.4
 Moderate/heavy meconium staining of the amniotic fluid
 Fetal intolerance of labor was such that one or more of the following actions was taken: *in-utero resuscitative measures, further fetal assessment, operative delivery.*
 Epidural or spinal anesthesia during labor

None of the above

36. Method of Delivery:

A. Was delivery with forceps attempted and unsuccessful?

Yes No

B. Was delivery with vacuum extraction attempted but unsuccessful?

Yes No

C. Fetal presentation at birth (check one):

Cephalic

Breech

Other

37. Final route and method of delivery (check one):

Vaginal/Spontaneous

Vaginal/Forceps

Vaginal/Vacuum

Cesarean

If cesarean was labor attempted _____ Yes _____ No

38. Maternal Morbidity (check all that apply):

Maternal transfusion

Third or fourth degree perineal laceration

Ruptured uterus

Unplanned hysterectomy

Admission to intensive care unit

Unplanned operating room procedure following delivery

None of the above

NEWBORN INFORMATION

39. Birthweight: _____ lbs. _____ ounces

40. Obstetric estimate of gestation at delivery (weeks) _____

41. APGAR Score _____

42. Abnormal conditions of the newborn (check all that apply)

Assisted ventilation required immediately following delivery

Assisted ventilation required for more than six hours

NICU Admission

Newborn given surfactant replacement therapy

Antibiotics received by the newborn for suspected neonatal sepsis

Seizure or serious neurologic dysfunction

Significant birth injury (skeletal fracture (s), peripheral nerve injury, and /or soft tissue/solid organ hemorrhage which requires Intervention)

None of the Above

43. Congenital anomalies of the newborn

Anecephaly

Meningomyelocele/Spina Bifida

Cyanotic congenital heart disease

Congenital diaphragmatic hernia

Omphalocele

Gastroschisis

- Limb reduction defect
- Cleft Lip with or with Cleft Palate
- Cleft Plate alone
- Down Syndrome
 - Karyotype confirmed
 - Karyotype pending
- Suspected chromosomal disorder
- Hypospadias
- None of the Above

44. **Was the infant transferred within 24 hours of delivery:** Yes No

If yes to what facility: _____

45. Is infant Breastfed? Yes No

46. Is infant living at the time of report? Yes No

47. Was infant vaccinated with Hepatitis B vaccine? Yes No If **Yes**, Date of vaccination _____

48. **Certifier Information-This is usually a Midwife, Physician or any person present (father, friend, husband, mother, etc.) during the birth of the child**

First Name: _____

Middle Name: _____

Last Name: _____

Date Certified: _____

Title: _____ (if applicable)

Other: _____