

## **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
- 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. Oregon Vital Records, PO Box 14050, Portland, OR 97293-0050; FAX # 971-673-1201.

### **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**  
Please complete as much as possible and bring with you at time of hospitalization.

**CHILD**

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

\_\_\_\_\_  
First                      Middle                      Other Middle                      Last (may include 2 names)                      Suffix (ex: Jr., III)

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Time \_\_\_\_\_ am pm      Gender:  Male  Female

**BIRTH MOTHER**

Your current legal name:

\_\_\_\_\_  
First                      Middle                      Other Middle                      Last

Your legal name on your birth certificate (unless your birth certificate was amended due to adoption, etc.):

Same as current legal name.

\_\_\_\_\_  
First                      Middle                      Other Middle                      Last

Your date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_      Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Your place of birth: \_\_\_\_\_  
State or Canadian Province                      Country

**MOTHER'S ADDRESS**

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

\_\_\_\_\_  
City                      County                      State/Country                      Zip Code

Inside city limits?  Yes  No  Unknown

Mailing address:  Same as residence address      Phone Number: (      ) \_\_\_\_\_

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

\_\_\_\_\_  
City                      County                      State/Country                      Zip Code

**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"/> At least 1 year 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.

- No, not Hispanic/Latina       Yes, Mexican/Mexican-American       Yes, Puerto Rican       Yes, Cuban  
 Yes, other Hispanic/Latina (please specify country of origin/ancestry): \_\_\_\_\_

Patient Label



**YOUR BABY'S BIRTH CERTIFICATE**

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

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

### MOTHER'S HEALTH

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

Your height: \_\_\_\_\_ feet \_\_\_\_\_ inches      Pre-pregnancy weight: \_\_\_\_\_      Weight at delivery: \_\_\_\_\_

Tobacco use:

- Didn't smoke
- Smoked before OR during my pregnancy (please complete below):
- |   |   |
|---|---|
| 3 months before pregnancy: _____ cigarettes/day             | 1 <sup>st</sup> 3 months of pregnancy: _____ cigarettes/day |
| 2 <sup>nd</sup> 3 months of pregnancy: _____ cigarettes/day | 3 <sup>rd</sup> 3 months of pregnancy: _____ cigarettes/day |

Alcohol use: Did you drink alcohol during this pregnancy?  No  Yes, average number of drinks per week: \_\_\_\_\_

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

If Yes, planned primary attendant name: \_\_\_\_\_ Title: \_\_\_\_\_

### LEGAL RELATIONSHIP OF PARENTS

Were you married (did you have a legal husband) at conception, at birth, any time between or within 300 days of this birth?

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

If yes, please complete the following section with information about your husband/second parent.

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 acknowledgement to establish legal paternity at this time?  Yes  No

If a paternity acknowledgement will be signed, please complete the following information about the father/second parent.

### FATHER/SECOND PARENT LEGAL INFORMATION

Current legal name:

\_\_\_\_\_  
First                      Middle                      Other Middle                      Last                      Suffix (ex: Jr., III)

Date of birth:    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_    Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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"/> 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"/> At least 1 year college credit but no degree         | <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (MD, DDS, DVM, JD) |

Patient Label



**YOUR BABY'S BIRTH CERTIFICATE**

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

- No, not Hispanic/Latino       Yes, Mexican/Mexican-American       Yes, Puerto Rican       Yes, Cuban  
 Yes, other Hispanic/Latino (please specify country of origin/ancestry): \_\_\_\_\_

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

- American Indian or Alaskan Native (specify tribe(s)) \_\_\_\_\_  
 Asian Indian  
 Black or African-American  
 Chinese  
 Filipino
- Guamanian or Chamorro  
 Japanese  
 Korean  
 Native Hawaiian  
 Samoan  
 Vietnamese  
 White
- Other Asian (specify): \_\_\_\_\_  
 Other Pacific Islander (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

## PRENATAL

Principal payment for delivery:

- Medicaid/OHP       Indian Health Services       Other: \_\_\_\_\_  
 Private Insurance       Champus/Tricare  
 Self-pay       Other government

Last menstrual period date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

PRENATAL CARE:       No prenatal care

1<sup>st</sup> prenatal visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last prenatal visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Total prenatal visits: \_\_\_\_\_

PREVIOUS LIVE BIRTHS:  
(do not include this infant)

Currently living: \_\_\_\_\_

Now deceased: \_\_\_\_\_

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

OTHER PREGNANCY LOSSES:

None      Number \_\_\_\_\_      Date of last loss: Month \_\_\_\_\_ Year \_\_\_\_\_

## INFORMANT

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

Birth Mother       Father       Second Parent       Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Informant's signature      Date signed: \_\_\_\_\_      Phone number

If other than parent, please print:

\_\_\_\_\_  
First      Middle      Other Middle      Last      Suffix (ex: Jr., III)

**I am requesting a Social Security number for my baby.**

Yes       No

Patient Label



**YOUR BABY'S BIRTH CERTIFICATE**

**Request that a Social Security number be issued:**

Child's name:

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

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 Other Middle Last

Social Security number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  None

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

\_\_\_\_\_  
First Middle Other Middle Last Suffix (ex: Jr., III)

Social Security number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  None

**Only this page may be made a part of the permanent medical record to document the request that a Social Security number be issued.**

Patient Label



**YOUR BABY'S BIRTH CERTIFICATE**