

Mother's Worksheet for Child's Birth Certificate

FOR HOSPITAL USE ONLY:

MOTHER MR# _____ NEWBORN MR# _____
 MEDICAID # _____ DELIVERING DR _____ RM # _____

The information you provide on this worksheet is used to create your child's birth certificate. The birth certificate is a legal document used to prove your child's age, citizenship and parentage. Your child will use the birth certificate throughout his/her life. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Please **PRINT or TYPE** your responses carefully and accurately as errors are difficult and expensive to correct. There are drop down boxes as well as selection boxes. Be sure to move your cursor over each field to select.

CHILD'S PLACE OF BIRTH

Name of Hospital or Location	Address	State
Nativiti Women's Health & Birth Center	26614 Oak Ridge Drive	Texas
County	City	Zip Code
Montgomery	The Woodlands	77380

CHILD'S INFORMATION

Time of Birth	AM / PM	Date of Birth	Plurality (please select one)
			Single
Birth Order (please select one)		Number of Infants Born Alive at this Birth? (please select one)	
First		One	

MOTHER'S CURRENT LEGAL NAME

First Name	Middle Name	Last Name	Suffix

CHILD'S LEGAL NAME

First Name	Middle Name	Last Name	Suffix

MOTHER'S RESIDENCE ADDRESS

Residence Address	Apartment Number	State/Foreign Country	County
City/Town/Location	Zip Code / Extension	Inside City Limits?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

MOTHER'S MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address	Apartment Number	State/Foreign Country

City/Town/Location	Zip Code / Extension	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	

MOTHER'S INFORMATION

Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security
<input type="text"/>	<input type="text"/>	<input type="text"/>

Apply for Baby's Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Mother Give up Rights to the Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Rights Given Up? <input type="text"/>
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Occupation	Type of Business
<input type="text"/>	<input type="text"/>

Mother's Education <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th – 12 th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	Is Mother of Hispanic Origin? <input type="checkbox"/> No, not Spanish / Hispanic / Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish / Hispanic/ Latina Specify _____	What is Mother's Race? <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <small>(Name of the enrolled or principal tribe)</small> <input type="checkbox"/> Asian Indian _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> OtherAsian _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific slander Specify _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
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MOTHER'S HEALTH INFORMATION

Did you receive WIC for this Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height <input type="text"/>	Weight Before Pregnancy <input type="text"/>	Weight At Delivery <input type="text"/>
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How many cigarettes did you smoke before and during pregnancy?					
Three Months Before	Cigs/Day:	Packs/Day:	First Three Months	Cigs/Day:	Packs/Day:
Second Three Months	Cigs/Day:	Packs/Day:	Third Trimester	Cigs/Day:	Packs/Day:

MOTHER'S MARITAL STATUS (Please read carefully)

- If you are married, your husband may be listed as the father on the birth certificate, or the information may be left blank.
- If you are not married, the father's name may be listed on the birth certificate only if both parents complete an Acknowledgment of Paternity.
- If you are or have been married to someone other than the biological father of this child, or have been married to someone other than the biological father within 300 days before this child's birth, the Acknowledgment of Paternity must also include a Denial of Paternity from your husband or former husband to allow the biological father's information to be listed on the birth certificate.

<input type="checkbox"/> Yes, Currently Married	<input type="checkbox"/> Yes, Never Married	<input type="checkbox"/> Yes, Divorced	<input type="checkbox"/> Yes, Widowed
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<input type="checkbox"/> Yes, Married – (no paternity information on birth certificate)

Have you been married to someone other than the biological father in the 300 days before the child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you want to complete an Acknowledgement of Paternity? Yes No

MOTHER'S NAME PRIOR TO HER FIRST MARRIAGE

First Name

Middle Name

Last Name

Suffix

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FATHER'S INFORMATION (Biological father)

Legal First Name

Middle Name

Last Name

Suffix

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Date of Birth

Place of Birth (State/Foreign Country/Territory)

Social Security

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Occupation

Type of Business

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Father's Education

- 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)

Is Father of Hispanic Origin?

- No, not Spanish / Hispanic / Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish / Hispanic/ Latina Specify _____

What is Father's Race?

- White
- Black/African American
- American Indian/Alaska Native
(Name of the enrolled or principal tribe)
- Asian Indian _____
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- OtherAsian _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
Specify _____
- Other _____
- Unknown

Has Paternity – Genetic Testing Been Done?

Mailing Address

Apartment Number

Yes No

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State/Foreign Country/Territory

City/Town/Location

Zip Code / Extension

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PRESUMED FATHER'S INFORMATION (Complete ONLY if applicable)

Date of Birth

Social Security

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First Name

Middle Name

Last Name

Suffix

--	--	--	--

Mailing Address

Apartment Number

State/Foreign Country/Territory

--	--	--

City/Town/Location

Zip Code Extension

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MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable)

Mother's Medicaid Name

Mother's Medicaid Number

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IMMTRAC REGISTRY

Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to share the immunization information with registered providers? **Yes** **No**

Congratulations on the birth of your new Little Texan!

Texas Vital Statistics would like to take this opportunity to answer some most commonly asked questions about birth certificates in Texas. . .

“How do I get a copy of my baby’s birth certificate?”

You can request and purchase a certified copy of your child’s birth certificate from the local registrar’s office located in the city or county where the birth occurred, or from the Texas Vital Statistic office located in Austin, Texas.

A *Certified Birth Certificate* is a permanent legal document filed in the State of Texas that establishes your child’s identity and is used to apply for medical or government services, passports, school admission, etc.

“When will I receive my baby’s social security card?”

If you answered “Yes” to the question, “Apply for baby’s social security number?”, the birth information will be forwarded to the Social Security Administration as soon as the Texas Vital Statistic office receives the data from the hospital. The Social Security Administration then requires 2-3 weeks to process the information. A social security card will be mailed to the mother’s mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

“When will I receive my baby’s Medicaid number?”

If you provided an answer for the questions “Mother’s Medicaid Name?” and “Mother’s Medicaid Number?”, the birth information will be forwarded to the Medicaid office as soon as the Texas Vital Statistic office receives the data from the hospital. Medicaid then requires 2-3 weeks to process the information. An Infant Medicaid card will be mailed to the mother’s mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.