

VERMONT DEPARTMENT OF HEALTH

PARENT'S WORKSHEET FOR CHILD'S BIRTH CERTIFICATE

Please answer completely the Child, Mother, and Father or Parent sections. Social security numbers are required by Federal law, 42 USC 405(c)(2), and by VT law, 18 VSA §5071(b). Only information identifying the child and the parents will be recorded on the child's birth certificate and filed with the Town Clerk and the VT Dept. of Health. Social security numbers will not appear on the birth certificate. Under the authority of the Privacy Act, the information collected under the EAB process will be used by the SSA for various programs operated by the SSA, including the release of information to state and federal agencies for the verification of citizenship. The Department is providing the link to the SSA privacy notice: <http://www.ssa.gov/foia/bluebook/60-0058.htm>. Also, the VT Office of Child Support may use social security numbers only for child support enforcement. Other personal and medical information will become part of the confidential statistical file maintained by the VT Dept. of Health, and will not appear on your child's birth certificate.

CHILD'S INFORMATION																		
1. CHILD'S NAME First _____		2. DATE OF BIRTH (MM/DD/YYYY) / /																
Middle _____		3. TIME OF BIRTH _____ AM _____ PM																
Last _____ Suffix (Sr., Jr., II, III, etc.) _____		4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female																
MOTHER'S INFORMATION																		
5. MOTHER'S CURRENT LEGAL NAME First _____		6. DATE OF BIRTH (MM/DD/YYYY) / /																
Middle _____		7a. BIRTHPLACE (State, Territory, or Foreign Country)	7b. IF CANADA, include Province															
Last _____ Suffix _____		8. MOTHER'S SOCIAL SECURITY NUMBER																
9. MOTHER'S BIRTH NAME		10. DO YOU WANT A SOCIAL SECURITY CARD AUTOMATICALLY ISSUED FOR YOUR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No																
11. SAFE AT HOME PARTICIPANT? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, authorization number: _____																
12a. MOTHER MARRIED AT TIME OF BIRTH, CONCEPTION, OR ANY TIME BETWEEN? <input type="checkbox"/> Yes (Complete FATHER'S OR PARENT'S INFORMATION) <input type="checkbox"/> No		12b. IF NO: MOTHER PARTY TO A VT CIVIL UNION? <input type="checkbox"/> Yes (Complete PARENT'S INFORMATION) <input type="checkbox"/> No																
		12c. HAS A VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY BEEN SIGNED? <input type="checkbox"/> Yes (Complete FATHER'S INFORMATION) <input type="checkbox"/> No																
13a. RESIDENCE: NUMBER AND STREET		13b. CITY OR TOWN																
13c. STATE OR FOREIGN COUNTRY (IF CANADA, include Province)		13d. ZIP CODE	14. TELEPHONE NUMBER ()															
15. MOTHER'S MAILING ADDRESS: <input type="checkbox"/> Same as residence, OR: Number & Street: _____ City or Town: _____ State: _____ Zip Code: _____																		
16. MOTHER'S EDUCATION (Check the box that best describes highest degree or level of school completed at the time of delivery.) <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)		17. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.) <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): _____																
		18. MOTHER'S RACE (Check <i>one or more</i> races to indicate what the mother considers herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe): _____ <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"/> Other Asian (Specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____																
19. MOTHER'S PREPREGNANCY WEIGHT (Pounds)		22. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY																
20. MOTHER'S HEIGHT Feet: _____ Inches: _____		AVERAGE NUMBER OF CIGARETTES OR PACKS PER DAY: IF NONE, ENTER "0" FOR EACH TIME PERIOD																
21. DID MOTHER GET WIC FOOD FOR HERSELF DURING PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No		<table border="0"> <thead> <tr> <th></th> <th># of cigarettes</th> <th># packs</th> <th># of cigarettes</th> <th># packs</th> </tr> </thead> <tbody> <tr> <td>Three Months Before Pregnancy</td> <td>_____</td> <td>OR _____</td> <td>Second Three Months Of Pregnancy</td> <td>_____ OR _____</td> </tr> <tr> <td>First Three Months Of Pregnancy</td> <td>_____</td> <td>OR _____</td> <td>Third Trimester Of Pregnancy</td> <td>_____ OR _____</td> </tr> </tbody> </table>			# of cigarettes	# packs	# of cigarettes	# packs	Three Months Before Pregnancy	_____	OR _____	Second Three Months Of Pregnancy	_____ OR _____	First Three Months Of Pregnancy	_____	OR _____	Third Trimester Of Pregnancy	_____ OR _____
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FATHER'S OR PARENT'S INFORMATION

23. FATHER'S OR PARENT'S CURRENT LEGAL NAME		24. DATE OF BIRTH (MM/DD/YYYY) / /	25. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
First			
Middle	26a. BIRTHPLACE (State, Territory, or Foreign Country)		26b. IF CANADA, include Province
Last	Suffix		27. FATHER'S OR PARENT'S SOCIAL SECURITY NUMBER

28. FATHER'S OR PARENT'S MAILING ADDRESS:
 Number & Street: _____ City or Town: _____ State: _____ Zip Code: _____

29. FATHER'S OR PARENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery.) <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)	30. FATHER OR PARENT OF HISPANIC ORIGIN? (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latino/Latina. Check the "No" box if father/parent is not Spanish/Hispanic/Latino/Latina.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify): _____	31. FATHER'S OR PARENT'S RACE (Check <i>one or more</i> races to indicate what the father/parent considers himself/herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe): _____ <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"/> Other Asian (Specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____
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OPTIONAL SIGNATURE:

I agree that the above information is accurate:

Date: _____

If not baby's mother; relationship: Baby's father or parent Other relative Hospital employee Other, please specify: _____

DEPARTMENT OF HEALTH
VERMONT CERTIFICATE OF LIVE BIRTH

144

LOCAL FILE NUMBER

STATE FILE NUMBER

CHILD

1. CHILD'S NAME - (FIRST, MIDDLE, LAST, SUFFIX)		2a. DATE OF BIRTH - (MONTH, DAY, YEAR)		2b. TIME OF BIRTH
3. SEX	4a. PLURALITY - SINGLE, TWIN, ETC. (SPECIFY)	4b. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY)	5a. PLACE OF BIRTH	
5b. CITY OR TOWN OF BIRTH		5c. FACILITY NAME - (IF NOT IN FACILITY, GIVE STREET ADDRESS AND NUMBER)		

PARENTS

6. NAME - (FIRST, MIDDLE, LAST, SUFFIX)		7. DATE OF BIRTH - (MONTH, DAY, YEAR)		
8. LAST NAME AT BIRTH		9. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)		
10a. RESIDENCE - STREET AND NUMBER		10b. CITY OR TOWN	10c. STATE	
11. NAME - (FIRST, MIDDLE, LAST, SUFFIX)		12. DATE OF BIRTH - (MONTH, DAY, YEAR)		
13. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)				

CERTIFIER

14a. CERTIFIER'S NAME		14b. TITLE	14c. DATE CERTIFIED - (MONTH, DAY, YEAR)	
15a. ATTENDANT'S NAME - (IF OTHER THAN CERTIFIER)		15b. TITLE		

REGISTRAR

16a. REGISTRAR - SIGNATURE		16b. DATE RECEIVED BY LOCAL REGISTRAR - (MONTH, DAY, YEAR)		
17a. TRUE COPY - CLERK SIGNATURE		17b. TOWN	17c. DATE - (MONTH, DAY, YEAR)	
ATTEST				

TYPE OR
PRINT IN
PERMANENT
BLACK INK

TO BE SIGNED
BY THE
REGISTRAR
IN COPY
ONLY

