

BIRTH RECORD

FATHER'S INFORMATION

Page 1 of 2

Mother's Name: _____
Mother's Date of Birth: _____
Medical Record Number: _____

Father's Information: Please Print Clearly

What is your current legal name?

_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix

What is your mailing address (if different from the mother)?

Same as the mother's address

_____	_____
Number and Street address, P.O. Box or Rural Route numbers	Apartment Number

_____	_____	_____	_____
City or Town	State	Zip Code	If not United States, please enter country.

What is your date of birth?

MMDDYYYY

Where were you born?

_____	_____
City or Town	State or Foreign Country

What is your social security number?

____ - ____ - ____

I don't have a Social Security number.

BIRTH RECORD

Mother's Name: _____

Mother's Date of Birth: _____

Medical Record Number: _____

FATHER'S INFORMATION

What is your highest level of education?

Check the box that best describes your highest level of school completed at the time of your child's birth.

- 8th grade or less
- 9th – 12th grade, no diploma
- High school graduate or GED completed
- Some college credit but no degree
- Associate degree (AA, AS)
- Bachelor's degree (BA, AB, BS)
- Master's degree (MA, MS, MEng, Med, MSW, MBA)
- Doctorate degree (PhD, EdD, MD, DDS, DVM, LLB, JD)

ARE YOU SPANISH/HISPANIC/LATINO? If you are not Spanish/Hispanic/Latina, check the "NO"

box. If you are, check the box that is most appropriate for you.

- No, not Spanish/Hispanic/Latino
- Yes, Spanish/Hispanic/Latino
 - Mexican, Mexican American, Chicano
 - Puerto Rican
 - Cuban
 - Other Spanish/Hispanic/Latino PLEASE SPECIFY: _____

FATHER'S RACE: Check all that apply to indicate what you consider yourself.

- | | |
|---|--|
| <input type="checkbox"/> Caucasian (white) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American <ul style="list-style-type: none"> <input type="checkbox"/> Somali <input type="checkbox"/> Ethiopian <input type="checkbox"/> Liberian <input type="checkbox"/> Ghanaian <input type="checkbox"/> Kenyan <input type="checkbox"/> Sudanese <input type="checkbox"/> Nigerian <input type="checkbox"/> Other African PLEASE SPECIFY: _____ | <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"/> Hmong
<input type="checkbox"/> Cambodian
<input type="checkbox"/> Laotian
<input type="checkbox"/> Other Asian
PLEASE SPECIFY: _____ |

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native
Name of Enrolled or Principal Tribe
PLEASE SPECIFY: _____
_____ | <input type="checkbox"/> Other Race
PLEASE SPECIFY: _____
_____ |
|--|---|

- Pacific Islander
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander
 PLEASE SPECIFY: _____

FETAL DEATH REPORT

Mother's Name: _____

Mother's Date of Birth: _____

Medical Record Number: _____

FATHER'S INFORMATION

Page 1 of 2

Father's Information: Please Print Clearly

What is your current legal name?

First Name

Middle Name

Last Name

Suffix

What is your mailing address (if different from the mother)?

Number and Street address, P.O. Box or Rural Route numbers

Apartment Number

City or Town

State

Zip Code

If not United States, please enter country.

What is your date of birth?

MMDDYYYY

Where were you born?

City or Town

State or Foreign Country

What is your social security number? _____ - _____ - _____

I don't have a Social Security number.

FETAL DEATH REPORT

Mother's Name: _____

Mother's Date of Birth: _____

Medical Record Number: _____

FATHER'S INFORMATION

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- | | |
|--|---------------------------------------|
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| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Liberian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Kenyan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Sudanese | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Other African | <input type="checkbox"/> Laotian |
| PLEASE SPECIFY: _____ | <input type="checkbox"/> Other Asian |
| | PLEASE SPECIFY: _____ |

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other Race |
| Name of Enrolled or Principal Tribe | PLEASE SPECIFY: _____ |
| PLEASE SPECIFY: _____ | _____ |
| _____ | _____ |

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 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander
- PLEASE SPECIFY: _____