



# BIRTH CERTIFICATE WORKSHEET

Please print clearly and answer ALL items on this form in blue or black ink. After completing this packet, please promptly return to your nurse, the unit secretary, or the birth registrar. Thank you.

## CHILD'S INFORMATION

### Child's Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

SSN requested for child?  Yes  No

## PARENT A/MOTHER'S DEMOGRAPHIC

### Parent A's Legal Name

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

### Parent A's Maiden Name

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

SSN \_\_\_\_\_ Birth Place (State or Foreign Country) \_\_\_\_\_

### Parent A's Residence

Street and Number \_\_\_\_\_ Apt # \_\_\_\_\_ State or Foreign Country \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Residing at current residence for \_\_\_\_\_ years \_\_\_\_\_ months

Is mailing address the same as residence?  Yes  No

If Different

Street and Number \_\_\_\_\_ Apt # \_\_\_\_\_ State or Foreign Country \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### Parent A's Marital Status

Married at any time during pregnancy \*\*  Divorced, 300 days or more \_\_\_\_\_  Never Married  Widowed 300 days or more  Surrogacy

\*\* If the mother was married at the time of conception or at any time during her pregnancy (regardless if she later became divorced or widowed), the husband is presumed to be the father of the baby unless a Denial of Paternity AND a Certificate of Parentage are signed.

### Parent A's Education (Describe the highest degree or level of education completed at the time of delivery)

8th grade or less  9th to 12th grade, no diploma  High school graduate or GED  Some college but no degree  Associate degree

Bachelor's degree  Master's degree  Doctorate (PhD, EdD, MD, DDS, DVM, etc.)

### Parent A's Employment

Business or Industry \_\_\_\_\_ Occupation \_\_\_\_\_

Was Parent A employed during the past year?  Yes  No

Employer Name \_\_\_\_\_ Employer Street and Number \_\_\_\_\_

Employer State/Foreign Country \_\_\_\_\_ Employer County \_\_\_\_\_ Employer City \_\_\_\_\_ Employer Zip \_\_\_\_\_

### Parent A's Hispanic Origin

No, not Spanish/Hispanic/Latino  Yes, Puerto Rican  Yes, Mexican  Yes, Cuban

Yes, other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

### Parent A's Race

White  Black or African American  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Native Hawaiian

Guamanian or Chamorro  Samoan  Unknown  American Indian or Alaska native (Name of principal tribe) \_\_\_\_\_

Other Asian (specify) \_\_\_\_\_  Other Pacific Islander (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

## PARENT B'S DEMOGRAPHIC

No information to be provided about the Parent B

### Parent B's Name

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

SSN \_\_\_\_\_ Birth Place (State or Foreign Country) \_\_\_\_\_

Parent B's Date of Birth \_\_\_\_\_ Parent B's Age \_\_\_\_\_

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### Parent B's Residence

Is Parent B's residence the same as Parent A's?  Yes  No

If Different

Street and Number \_\_\_\_\_ Apt # \_\_\_\_\_ State or Foreign Country \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Residing at current residence for \_\_\_\_\_ years \_\_\_\_\_ months

Is mailing address the same as residence?  Yes  No

If Different

Street and Number \_\_\_\_\_ Apt # \_\_\_\_\_ State or Foreign Country \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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### Parent B's Education (Describe the highest degree or level of education completed at the time of delivery)

8th grade or less  9th to 12th grade, no diploma  High school graduate or GED  Some college but no degree  Associate degree

Bachelor's degree  Master's degree  Doctorate (PhD, EdD, MD, DDS, DVM, etc.)

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### Parent B's Employment

Business or Industry \_\_\_\_\_ Occupation \_\_\_\_\_

Was Parent B employed during the past year?  Yes  No

Employer Name \_\_\_\_\_ Employer Street and Number \_\_\_\_\_

Employer State/Foreign Country \_\_\_\_\_ Employer County \_\_\_\_\_ Employer City \_\_\_\_\_ Employer Zip \_\_\_\_\_

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### Parent B's Hispanic Origin

No, not Spanish/Hispanic/Latino  Yes, Puerto Rican  Yes, Mexican  Yes, Cuban

Yes, other Spanish/Hispanic/Latino (Specify) \_\_\_\_\_

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### Parent B's Race

White  Black or African American  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Native Hawaiian

Guamanian or Chamorro  Samoan  Unknown  American Indian or Alaska native (Name of principal tribe) \_\_\_\_\_

Other Asian (specify) \_\_\_\_\_  Other Pacific Islander (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

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## INFORMATION ABOUT YOUR PREGNANCY

Does the pregnant person have any children diagnosed with an Autism Spectrum Disorder?  Yes  No

Is there a family history or permanent childhood hearing loss?  Yes  No  Unknown

What language would be best to use when giving the parent/guardian information about baby's health care? \_\_\_\_\_

Did you take prenatal vitamins? (Check all that apply)

Pre-pregnancy  First trimester  Second trimester  Third trimester

Did pregnant person smoke cigarettes before or during pregnancy?  Yes  No \_\_\_\_\_ # of cigarettes per day \_\_\_\_\_ # of packs per day

Three months before pregnancy  First trimester  Second trimester  Third trimester

Did pregnant person ever drink wine/beer/liquor while pregnant?  Yes  No

In the month before you knew you were pregnant, about how many days per week did you use any drug such as marijuana, cocaine, or opioids?  Every day  3-6 days a week  1 or 2 days a week  None

**In the month before you knew you were pregnant, about how many days per week did you drink wine/beer/liquor?**

Every day    3-6 days a week    1 or 2 days a week    None

**In the month before you knew you were pregnant, how much marijuana did you smoke?** \_\_\_\_\_ Any \_\_\_\_\_ None

**Environmental Exposure** (check all that apply)

Lead (home built before 1978)    Tobacco (second or third-hand smoke)    Viral (birds or cats in home)    None of the above

**Did pregnant person participate in WIC during pregnancy?**  Yes  No  Unknown   If yes, what was the WIC number? \_\_\_\_\_

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## MATERNAL POST PARTUM

**Check all that apply:**

- Did either of your parents have a problem with drugs or alcohol?
  - Does your partner have any problem with drugs or alcohol?
  - Have you ever felt manipulated by your partner?
  - Have you ever felt out of control or hopeless?
  - Over the past 2 weeks, have you felt little interest or pleasure in doing things
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## PEDIATRICIAN'S INFORMATION

Pediatrician Name \_\_\_\_\_

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## INFORMANT'S INFORMATION

Parent A/Mother's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent B's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_