## Mother's Worksheet for Child's Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life, therefore it is very important that you provide complete and accurate information to all of the questions.

**PLEASE PRINT CLEARLY**

1. **What will be your baby's legal name (as it should appear on the birth certificate)?**  
   - [ ] Not Yet Chosen
   
   First ___________________________ Middle ___________________________ Last ___________________________ Suffix (Jr., III, etc.) ___________________________

2. **Do you want a Social Security Number issued for your baby?**  
   - [ ] Yes  
   - [ ] No

### MOTHER'S INFORMATION:

3. **What is your current legal name?**

   First ___________________________ Middle ___________________________ Last ___________________________ Suffix (Jr., III, etc.) ___________________________

4. **Marital Status**

   - [ ] Never Married
   
   If not married, do you and the baby's father intend to complete an Affidavit of Parentage (AOP) in which he acknowledges that he is the natural father and accepts legal responsibility for the child? Both parents must be in agreement and present to complete the form. If you are not married, and an affidavit of parentage is not completed, information about the father cannot be included on the birth certificate.
   
   - [ ] Yes, I would like to complete an affidavit of parentage
   - [ ] No, I do not choose to complete an affidavit of parentage

   - [ ] Married
   - [ ] Separated
   - [ ] Divorced
   - [ ] Widowed

   Date of Divorce ________/______/__________
   Date Widowed ________/______/__________

5. **What was your full name PRIOR to your first marriage?**

   First ___________________________ Middle ___________________________ Last ___________________________ Suffix (Jr., III, etc.) ___________________________

6. **What is your date of birth? (Example: July 4, 1977)**

   ___________________________ ___________________________ ___________________________

7. **In what state, US territory, or foreign country were you born? (Please specify one of the following):**

   - State ___________________________
   - OR ___________________________
   - US territory, i.e., Puerto Rico, US Virgin Islands, Guam, American Samoa or Northern Marianas ___________________________
   - OR ___________________________
   - Foreign country ___________________________
### 8. What is your Social Security Number?

|   |   |   |   |   |   |   |   |

### 9. What is the highest level of schooling that you will have completed at the time of delivery?

*(Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received.)*

- [x] 8th grade or less
- [ ] 9th - 12th grade, no diploma
- [ ] High school graduate or GED completed
- [ ] Some college credit, but no degree
- [x] Associate degree (e.g., AA, AS)
- [ ] Bachelor's degree (e.g., BA, AB, BS)
- [x] 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)

### 10. Where do you usually live — that is, where is your household residence located?

Complete number and street: ___________________________________________________________

Apt Number: ____________________________

(Do not enter rural route numbers)

City, Town, or Location: ____________________________

County: ____________________________

State: ____________________________ Zip Code: ____________________________

(Or US territory, Canadian Province)

If not in the United States, country: ____________________________

### 11. Is this household inside city limits?

- [x] Yes
- [ ] No
- [x] Don't know

**Is your mailing address the same as your residence address?**

- [ ] Yes *(Go to #13)*
- [x] No *(Go to #12)*

### 12. What is your mailing address:

Complete number and street: ___________________________________________________________

Apt Number: ____________________________

PO Box: ____________________________

City, Town, or Location: ____________________________

State: ____________________________ Zip Code: ____________________________

(Or US territory, Canadian Province)

Country: ____________________________

### 13. Are you Spanish/Hispanic/Latina?

If *not* Spanish/Hispanic/Latina, check the "No" box.
If Spanish/Hispanic/Latina, check the appropriate box.

- [ ] No, not Spanish/Hispanic/Latina
- [x] Yes, Mexican, Mexican American, Chicana
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [x] Yes, other Spanish/Hispanic/Latina (e.g., Spaniard, Salvadoran, Dominican, Colombian)

(Specify): ____________________________
14. What is your race?
(please check one or more races to indicate what you consider yourself to be.)
- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify)
- Other (specify)

15. Did you receive WIC (Women, Infants and Children) food for yourself because you were pregnant with this child?
- No
- Yes
- Don’t know

16. What is your height?

________ feet _________ inches

17. What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this child?

_______________ lbs.

18. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?

If you NEVER smoked, enter zero for each time period.

<table>
<thead>
<tr>
<th>Time Period</th>
<th># of cigarettes</th>
<th>OR</th>
<th># of packs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three months before pregnancy</td>
<td>_____________</td>
<td></td>
<td>__________</td>
</tr>
<tr>
<td>First three months of pregnancy</td>
<td>_____________</td>
<td></td>
<td>__________</td>
</tr>
<tr>
<td>Second three months of pregnancy</td>
<td>_____________</td>
<td></td>
<td>__________</td>
</tr>
<tr>
<td>Third trimester of pregnancy</td>
<td>_____________</td>
<td></td>
<td>__________</td>
</tr>
</tbody>
</table>

19. What is the current legal name of your baby’s father?

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix (Jr., III, etc.)</th>
</tr>
</thead>
</table>

Is the baby’s father your husband?
- Yes
- No

20. What is the father’s date of birth? (Example: March 4, 1976)

- Don’t know
21. In what state, US territory, or foreign country was the father born? *(Please specify one of the following):*

State

OR

US territory, i.e., Puerto Rico, US Virgin Islands, Guam, American Samoa or Northern Marianas

OR

Foreign country

22. What is the father’s Social Security Number?

*If you are not married, and an affidavit of parentage has not been completed, leave this item blank.*

[ ] [ ] [ ] [ ] [ ]

23. What is the highest level of schooling that the father will have completed at the time of delivery?

*(Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received.)*

☐ 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)

24. Is the father Spanish/Hispanic/Latino?

If *not* Spanish/Hispanic/Latino, check the "No" box.

If Spanish/Hispanic/Latino, check the appropriate box.

☐ No, not Spanish/Hispanic/Latino

☐ Yes, Mexican, Mexican American, Chicano

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, other Spanish/Hispanic/Latino (e.g., Spaniard, Salvadoran, Dominican, Colombian)

(Specify): ________________________________

25. What is the father’s race?

*(Please check one or more races to indicate what he considers himself to be.)*

☐ White

☐ Black or African American

☐ American Indian or Alaska Native (name of enrolled or principal tribe) ________________________________

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian (specify) ________________________________

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander (specify) ________________________________

☐ Other (specify) ________________________________
IF YOU ARE THE MOTHER PLEASE STOP HERE.
If other than the mother, please answer the following questions:

26a. What is the name of the person providing information for this worksheet?

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix (Jr., III, etc.)</th>
</tr>
</thead>
</table>

26b. What is your relationship to the baby's mother?

- [ ] Father of baby
- [ ] Other relative
- [ ] Hospital employee
- [ ] Other, please specify

PLEASE RETURN YOUR COMPLETED BIRTH CERTIFICATE WORKSHEET TO: