

Birth Certificate Worksheet



The following information is needed to complete your baby's birth certificate. Please PRINT all information so that it can be typed accurately, and turn this form in to your nurse or unit secretary at the hospital so it can be completed right away. Before you are discharged from the hospital, you will be asked to review the birth certificate and sign it.

Baby

| | | | |
|----------------------------|------------|---------------|--------------|
| Name (First, Middle, Last) | Birth Date | Time of Birth | Gender (Sex) |
|----------------------------|------------|---------------|--------------|

Is this birth single or multiple? If multiple, please circle: 1st 2nd 3rd 4th 5th

Doctor/midwife who delivered your baby:

Mother

| | | | |
|----------------------------|---|------------|--|
| Name (First, Middle, Last) | | Birth Date | Time of Birth |
| Place of Birth | Current Residence (City, County, State) | | Within City Limits? |
| Street Address | | Zip Code | Is Mailing Address Same? <input type="radio"/> yes <input type="radio"/> no |

Do you want to apply for a Social Security number for your baby? yes no

Was your baby born in wedlock? yes no

If no, do you want the birth record to be public knowledge? yes no

If you are not married, the mother and father will need to sign a Recognition of Parentage, in witness of a notary BEFORE the father's name can be added to the birth certificate.

Father

| | | |
|----------------------------|----------------|------------|
| Name (First, Middle, Last) | Place of Birth | Birth Date |
|----------------------------|----------------|------------|

CONFIDENTIAL INFORMATION

| | | | |
|--------|--------------------------|---|----------------------|
| Mother | Social Security #: | Hispanic Origin: <input type="radio"/> yes <input type="radio"/> no | Race: |
| | Ele./High School (0-12): | Tech. College: <input type="radio"/> yes <input type="radio"/> no | College/Univ. (1-5): |
| Father | Social Security #: | Hispanic Origin: <input type="radio"/> yes <input type="radio"/> no | Race: |
| | Ele./High School (0-12): | Tech. College: <input type="radio"/> yes <input type="radio"/> no | College/Univ. (1-5): |

Baby's birth weight:

Live births now living: Now dead: Date of last live birth:

Number of terminations: Date of last termination:

| | | | |
|--|---------------------|----------------------------------|--|
| THIS SECTION TO BE FILLED IN BY SECRETARY | | | |
| Gestation: _____ | Date of LMP: _____ | Number of prenatal visits: _____ | |
| Apgar Score: One minute: _____ | Five minutes: _____ | Month prenatal care began: _____ | |