



Certificate of Live Birth Worksheet

FOR HOSPITAL USE ONLY

ROOM: _____ MR# _____

DELIVERY DR: _____

MIDWIFE: _____

CLERK'S INITIAL: _____

DATE GIVEN TO PARENT (S): _____

DATE COMPLETED: _____

Please complete this information to prepare your child's birth certificate.

Name of child (First, Middle, Last)

First _____ Middle _____

Last _____

Sex: Male Female Unknown Was this birth: Single Twin Triplet Quadruplet Other

If multiple, this child: 1ST 2ND 3RD 4TH Other (Check appropriate entry)

Child's date of birth _____ Time of birth _____

Are the parents married and/or in a state registered partnership (SRDP)? Yes No

If the parents are not married or in a SRDP, then the biological parents must sign paternity papers to add the parent's name to the child's birth certificate. Reference health and safety code section 102425 (a) (4).

Birth name of parent not giving birth (fields 6A, 6B, 6C, on child's birth certificate, unless court order is presented)

First _____ Middle _____

Last _____ SSN _____

Relationship to child: Mother Father Parent Not specified

Birthplace _____ (US State or Foreign Country) Date of birth _____

Birth name of parent giving birth (fields 9A, 9B, 9C, on child's birth certificate), unless court order is presented

First _____ Middle _____

Last (Birth/Maiden Name) _____ Last (Current) _____

SSN _____

Relationship to child: Mother Father Parent Not specified

Birthplace _____ (US State or Foreign Country) Date of birth _____

Continued next page

Place patient label here

Genetic father information (male genetic contributor for the creation of the baby through sperm donation or sexual intercourse)

If Hispanic, specify origin _____ Race (enter up to three races) _____

Circle highest degree/level of education:

(0-11TH grade) enter highest year completed ____; 12TH grade (no diploma); HS diploma; GED; some college (no degree); associate degree; bachelors degree; masters degree; doctorate

Date last worked (month and year) _____ Patient Declined

Usual occupation (work done for the longest period of time) _____ Patient Declined

Kind of business/industry _____

Genetic father information (male genetic contributor for the creation of the baby through sperm donation or sexual intercourse).		Genetic mother information (person who supplied the egg, resulting in an embryo).	
Race/Ethnicity and Education Worksheet (For Reference Only)			
Race/Ethnicity (Father/Parent)		Race/Ethnicity (Mother/Parent)	
Is the father/parent Hispanic/Latino/Spanish? (Check 1 box.) Enter specific origin on the certificate. <input type="checkbox"/> No, not Hispanic/Latino/Spanish <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____ <input type="checkbox"/> Patient Declined		Is the mother/parent Hispanic/Latino/Spanish? (Check 1 box.) Enter specific origin on the certificate. <input type="checkbox"/> No, not Hispanic/Latino/Spanish <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Central American <input type="checkbox"/> Yes, South American <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____ <input type="checkbox"/> Patient Declined	
Race (Check 1, 2, or 3 boxes). Enter up to 3 races on the certificate. The father/parent is: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut, or Alaska Native) <input type="checkbox"/> Specify tribe/s _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other Race (specify) _____ <input type="checkbox"/> Patient Declined		Race (check 1, 2, or 3 boxes). Enter up to 3 races on the certificate. The mother parent is: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut, or Alaska Native) <input type="checkbox"/> Specify tribe/s _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other Race (specify) _____ <input type="checkbox"/> Patient Declined	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guatemalteco <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guatemalteco <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guatemalteco <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Guatemalteco <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____

Genetic father information (male genetic contributor for the creation of the baby through sperm donation or sexual intercourse).

Genetic mother information (person who supplied the egg, resulting in an embryo).

Race/Ethnicity and Education Worksheet (for reference only) – **CONTINUED**

Education (Father/Parent)

Education (Mother/Parent)

Check 1 box that best describes the highest degree or level of school completed by the **father/parent** at the time of the delivery.

Enter education degree or level on the certificate.

0-11th grade. Highest year completed? _____

12th grade, no diploma. Enter **12 ND**.

High school graduate or GED completed.

Enter **HS graduate or GED**.

Some college credit, but no degree.

Enter **some college**.

Associate degree (e.g. AA, AS)

Enter **associate**.

Bachelor's degree (e.g. BA, AB, BS).

Enter **bachelor's**.

Master's degree (e.g. MA, MS, Med, MSW, MBA)

Enter **master's**.

Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DO, DDS, DVM, LLB, JD).

Enter **doctorate or professional**

Check 1 box that best describes the highest degree or level of school completed by the **mother/parent** at the time of the delivery.

Enter education degree or level on the certificate.

0-11th grade. Highest year completed? _____

12th grade, no diploma. Enter **12 ND**.

High school graduate or GED completed.

Enter **HS graduate or GED**.

Some college credit, but no degree.

Enter **some college**.

Associate degree (e.g. AA, AS)

Enter **associate**.

Bachelor's degree (e.g. BA, AB, BS).

Enter **bachelor's**.

Master's degree (e.g. MA, MS, Med, MSW, MBA)

Enter **master's**.

Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DO, DDS, DVM, LLB, JD).

Enter **doctorate or professional**

Genetic mother information (person that supplied egg, resulting in an embryo)

If Hispanic, specify origin _____ Race (enter up to three races) _____

Circle highest degree/level of education:

(0-11TH grade) enter highest year completed ____; 12TH grade (no diploma); HS diploma; GED; some college (no degree); associate degree; bachelors degree; masters degree; doctorate

Date last worked (month and year) _____ Patient Declined

Usual occupation (work done for the longest period of time) _____ Patient Declined

Kind of business/industry _____

Birth parent's telephone number _____

Birth parent's residence address (required) P.O. boxes **are not** acceptable.

Mailing address (if different) (P.O. boxes **are** acceptable.)

Did birth parent receive women, infants, and children (WIC) program food during pregnancy?

Yes No Unknown

Did the birth parent smoke cigarettes before/during the pregnancy? Enter number smoked per day:

During the three months prior to becoming pregnant _____

During the first three months of pregnancy _____

During the second three months of pregnancy _____

During the last three months of pregnancy _____

Number of previous live births _____ **Number of live births now dead** _____

Date of last live birth _____ (do not count this child)

Number of miscarriages before 20 weeks _____ **After 20 weeks** _____ (do not count abortions)

Date of last miscarriage _____

Requesting child's social security number through birth certificate process

Notice to parents: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

If you choose to participate in this program, and the parent(s) Social Security Number(s) are provided on the birth certificate, the parent(s) Social Security Number(s) will be disclosed to the Internal Revenue Service. The Social Security Number(s) will be used by the Internal Revenue Service solely for the purpose of tax benefits based on support or residence of a child, pursuant to 42 USC 405 (c)(2) as amended by Section 1090(b) of Public Law 105-34. For further information about this program, please contact the Social Security Administration at 1-800-772-1213.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling 1-916-445-2684 or by visiting the web site at www.cdph.ca.gov.

Newborn automatic number assignment (NANA)

Baby's name as reported on Birth Certificate (social security number cannot be issued if child has not been named.)

Do you want a Social Security number for your new baby? Yes No

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, or sex of infant. All other amendments to the birth certificate are the responsibility of the parent.

Parent's Signature _____ Date _____

Parent's Name (Please Print) _____ Medical Record # _____

This form should be completed and signed by the child's parent(s). After coding Box F on the birth certificate, retain this form with the birth parent's medical records.

Place patient label here

