

Your Baby's Birth Certificate

Please complete the following worksheet and return it to the hospital staff. **Please answer every question** to the best of your knowledge. The information collected on this worksheet is used to complete the legal portion of your baby's birth certificate, fulfill requirements of federal law; and gather medical information that is used for public health.

Be careful to provide correct information for your baby's birth certificate - It is very important that you provide correct names, dates of birth, and places of birth. Please use full names and make sure the spelling of the baby's name, the mother and the other parent is exactly as you want it to appear on the birth certificate.

PLEASE NOTE:

A LEGAL BIRTH CERTIFICATE IS NOT AUTOMATICALLY ORDERED FOR YOU.

You can order a certified copy of the birth certificate from either the county vital records office (within 6 months of the birth) or from the State Center for Health Statistics.

Ordering certified copies of the birth certificate - We recommend parents **order a certified copy of the birth within the first year** to review for accuracy. The first time you order a certified copy of the birth certificate, please confirm that the information, including spelling, is correct.

Correcting your baby's birth certificate - If a correction is needed, mail or fax a request for amendment instructions to the State office. Oregon Vital Records, PO Box 14050, Portland, OR 97239-0050; Fax # 971-673-1201. More instructions can be found at <http://healthoregon.org/chs>

The best time to find and correct errors on the birth certificate is within the first year of your child's birth. After one year from date of birth, the requirements for making corrections and changes to records are more complicated and usually require a \$35 amendment fee.

Information required by federal law - Federal law requires that parents' social security numbers be collected at the time of birth. This information is only for support enforcement purposes and is not included on the birth certificate.

Medical information used for Public Health - There are many questions on the 'Certificate of Live Birth' form (filed by the hospital) that will not appear on the birth certificate of your child. Your medical information is anonymous and combined with records of other births in Oregon. The combined information tells us problems women are having during their pregnancies, helps agencies decide what services to offer, and the levels of need among groups of women. This is why we ask for information about race, ethnicity, education, number of prenatal visits, and many other detailed questions.

Infrequently, contact information (name, address, and telephone number) might be released for public health research. Any research of this type has strict requirements for contacting people and for telling people of their rights under the project, including the right to refuse to participate.

Thank you for your help.

**Birth Record
PARENT WORKSHEET**

(Page 1 of 2)

CHILD

Legal name as you want it to appear on the birth certificate
 First Middle Other Middle Last Suffix

Date of Birth ____/____/____ MM DD YYYY	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undetermined	Do you want to request a social security number for the child? (complete attached authorization to establish social security number at birth) <input type="checkbox"/> Yes <input type="checkbox"/> No
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BIRTH MOTHER

Your Current Legal Name
 First Middle Last Suffix

Maiden Name/Legal Name Prior to First Marriage Check if the same as current legal name
 First Middle Last Suffix

Date of Birth ____/____/____ MM DD YYYY	Social Security Number <input type="checkbox"/> Check if none	Birthplace State Country
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MOTHER'S ADDRESS

Mother's Residence Address No. & Street Apt/Unit/Space City County State ZIP

Mother's Mailing Address (if different) No. & Street or PO Box Apt/Unit/Space City County State ZIP
 Same as residence

Residence inside City Limits? Yes No Primary Telephone Number Secondary Telephone Number

MOTHER'S ATTRIBUTES

Education: What is the highest level of education you have completed?
 8th grade or less Some college credit but no degree Master's degree
 9th - 12th grade; no diploma Associate's degree Doctorate or Professional degree
 High school diploma or GED Bachelor's degree

Hispanic Origin: Are you of Hispanic origin? (Check all that apply. Please do not leave blank.)
 No, not Hispanic Yes, Puerto Rican Yes, other Hispanic Origin (specify): _____
 Yes, Mexican Yes, Cuban Unknown

Race: What is your race? (Check all that apply. Please do not leave blank.)
 White Japanese Guamanian or Chamorro
 Black or African American Korean Samoan
 American Indian or Alaska Native Vietnamese Other Pacific Islander
 (specify tribe(s)) _____ (specify) _____
 Asian Indian (specify) _____ Other (specify) _____
 Chinese Native Hawaiian Unknown
 Filipino

MOTHER'S HEALTH

Did you get WIC food for yourself during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Cigarettes Smoked Per Day <input type="checkbox"/> Check if none
Height ____ ft ____ in	Weight (Pre-pregnancy) ____ lbs	Weight (At delivery) ____ lbs	3 months before pregnancy # _____ Cigarettes
			1 st 3 months of pregnancy # _____ Cigarettes
			2 nd 3 months of pregnancy # _____ Cigarettes
			3 rd 3 months of pregnancy # _____ Cigarettes

Did you drink alcohol during this pregnancy? Yes No If yes, average number of drinks per week? _____

Did you go into labor planning to deliver at home or at a freestanding birthing center? Yes No
 If yes, the planned primary attendant type at onset of labor was: Midwife (not licensed) Certified Nurse Midwife
 Licensed Direct Entry Midwife Naturopathic Doctor Medical Doctor

Last revised: May 2016

Hospital Staff

No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

LEGAL RELATIONSHIP OF PARENTS**(Page 2 of 2)**

Did you have a legal spouse or Oregon registered domestic partner at conception, at delivery, or within 300 days prior to delivery? Yes No

If so, were you married? Yes No

If not married, were you in an Oregon Registered Domestic Partnership? Yes No

If you answered "no" to all of the questions above, will you and the father sign a paternity acknowledgment to establish legal paternity at this time? Yes No

CERTIFIED COPIES OF BIRTH RECORDS

Certified copies are used by the parent for legal purposes and can be ordered from vital records. Parents can request to receive either a "Mother/Father" format or a "Parent/Parent" format.

I want to receive: Mother/Father Parent/Parent

FATHER/SECOND PARENT (Only complete this section if you answered "yes" to any of the questions in the section "Legal Relationship of Parents" **AND** you wish to include the father/second parent on the birth certificate.)

Father/Second Parent's Name First Middle Last Suffix

Date of Birth MM / DD / YYYY	Social security number <input type="checkbox"/> Check if none	Birthplace	State	Country
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FATHER/SECOND PARENT'S ATTRIBUTES

Education: What is the highest level of education the father/second parent has completed?

- | | | |
|---|--|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Some college credit but no degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> 9 th – 12 th grade; no diploma | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctorate or Professional degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Bachelor's degree | |

Hispanic Origin: Is the father/second parent of Hispanic origin? (Check all that apply. Please do not leave blank.)

- | | | |
|---|--|--|
| <input type="checkbox"/> No, not Hispanic | <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, other Hispanic Origin (specify): _____ |
| <input type="checkbox"/> Yes, Mexican | <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Unknown |

Race: What is the father/second parent's race? (Check all that apply. Please do not leave blank.)

- | | | |
|---|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> American Indian or Alaska Native
(specify tribe(s)) _____ | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander
(specify) _____ |
| <input type="checkbox"/> Asian Indian
(specify) _____ | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Filipino | | |

PRENATAL

Principal Method of Payment

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Medicaid/Oregon Health Plan | <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Private insurance | <input type="checkbox"/> Champus/Tricare | |
| <input type="checkbox"/> Self-pay | <input type="checkbox"/> Other government | |

Date of last menses MM / DD / YYYY	Prenatal Care Date of 1 st visit MM / DD / YYYY Total # of visits _____	Previous live births # now living _____ # now deceased _____ Date of last live birth MM / YYYY	Other Pregnancy Outcomes (Spontaneous or induced terminations or ectopic pregnancy) # of other outcomes _____ (combined #) Date of last other outcome MM / YYYY
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INFORMANT

Birth mother Father/Second Parent named on record Other (specify relationship): _____

If other than parent, Informant's Name First Middle Last Suffix

I certify that the information provided on this form for the purpose of registering the birth is correct to the best of my knowledge.

X _____ Date signed: _____
Informant's signature

Last revised: May 2016

Hospital Staff

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AUTHORIZATION TO ESTABLISH SOCIAL SECURITY NUMBER AT BIRTH

[Parents may receive a copy of this page for their records upon request. This page is not a receipt.]

A Social Security number is required if you wish to claim your child on your income tax return, to qualify for many state and federal programs, and other benefits. The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent SSA from issuing your child a Social Security number and card.

Under contract with the Social Security Administration (SSA) your signature on this page authorizes the State of Oregon, Center for Health Statistics to submit to the SSA a request for a social security number to be assigned for your child. This page is not intended for any other use, such as proof that a social security number has been requested. **To obtain proof that you have requested a social security card, ask the hospital staff for a receipt, form SSA-2853** (available in English and Spanish).

CHILD'S NAME

First Middle Last Suffix

Date of birth (Month / Day / Year) _____

Do you want a Social Security number issued to your child? Yes No

MOTHER'S CURRENT LEGAL NAME

(as appears on child's birth certificate)

Print _____

First Middle Last Suffix

Signature _____ Date signed _____

Last revised: Dec. 2015

Hospital Staff – You may provide the parent(s) a copy of this page upon request. Please instruct the parent(s) that this page is not intended as proof that a social security number has been requested. If they require proof of request for enumeration at birth provide them with receipt (form SSA-2853). No agency other than the Center for Health Statistics should be provided with a copy of this page or any information from the report of live birth or worksheets. Direct all agency requests for information on birth or social security numbers to the Center for Health Statistics at 971-673-1180.