

For hospital use only
Birthing parent's name _____
Birthing parent's medical record # _____
Newborn's medical record # _____

Place your logo here

# Birthing Parent's Worksheet

The information you provide below will be used to create your newborn's official birth record. The birth record will then be used to produce your newborn's birth certificate. The birth certificate is a legal document that will be used by your newborn throughout his/her life as proof of age, citizenship, and parentage. It is very important that you provide complete and accurate information.

This worksheet is to be completed by the birthing parent. The term "birthing parent" is used to describe the parent who birthed the child. In the rare instance that the birthing parent is unable to complete the worksheet, another individual is permitted to complete the worksheet. In those instances, that individual must provide the required details about themselves and their relationship to the birthing parent at the end of the worksheet.

**PLEASE PRINT CLEARLY**

**1. What is the newborn's name (as it should appear on the birth certificate)?**

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Current last) \_\_\_\_\_ (Suffix: Jr., III, etc.)

Name not yet chosen (birth certificate will be issued as "Baby Boy" or "Baby Girl")

## Birthing Parent's Information

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

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Current last) \_\_\_\_\_ (Suffix)

**3. What name did you use prior to your first marriage?**

Same as current legal name (if you checked this box, go to question #4)

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix)

**4. What is your date of birth?**

\_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

**5. In what State, U.S Territory, or foreign county were you born?**

\_\_\_\_\_ (Birthplace state or U.S. territory) OR \_\_\_\_\_ (Birthplace foreign country)

**6. What parent label would you like printed on your child's birth certificate**

- Mother
- Father
- Parent

**7. What is your residence (where do you actually live?)**

\_\_\_\_\_ (Complete street address – No PO Box) \_\_\_\_\_ (Apartment number)

Do you live in a township?  Yes, I live/reside in \_\_\_\_\_ township.

No, I live/reside in \_\_\_\_\_ city/boro.

\_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) **Residence outside of United States, country** \_\_\_\_\_

**8. What is your mailing address? (Your newborn’s birth certificate will be mailed to this address).**

\_\_\_\_\_ (Complete street address or PO Box) \_\_\_\_\_ (Apartment Number)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) **Residence outside of United States, country** \_\_\_\_\_

**9. Education - What is the highest level of schooling you have completed? (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).**

- 8<sup>th</sup> grade or less
- No diploma, 9<sup>th</sup> – 12<sup>th</sup> grade
- 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)

**10. Hispanic Origin - Are you Spanish/Hispanic/Latino/Latina? Check the appropriate box. CHECK ONLY ONE**

- No, not Spanish/Hispanic/Latino/Latina
- Yes, Cuban
- Yes, Mexican/Mexican American/Chicano/Chicana
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino/Latina (specify) \_\_\_\_\_  
(Spaniard, Salvadoran, Dominican, Colombian, etc.)

**11. Race - Which one or more of the following would you say is your race? CHECK ALL THAT APPLY**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native<br>(name of the enrolled or principal tribe)<br>_____ | <input type="checkbox"/> Other Asian (name of the enrolled or principal tribe)<br>_____            |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Other Pacific Islander (name of the enrolled or principal tribe)<br>_____ |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Samoan  |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> White   |
| <input type="checkbox"/> Guamanian or Chamorro  | <input type="checkbox"/> Other (specify) _____   |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Don’t know/Not sure   |
| <input type="checkbox"/> Korean   | <input type="checkbox"/> Refused   |
| <input type="checkbox"/> Native Hawaiian  |  |

**12. Did you receive WIC (Women, Infants & Children) food for yourself during this pregnancy?**

- Yes
- No
- Don’t know/Not sure

**13. What is your height?**

\_\_\_\_\_ feet \_\_\_\_\_ inches

**14. What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this newborn?**

\_\_\_\_\_ pounds

**15. Did you smoke before and/or during this pregnancy?**

- Yes (if you checked this box, complete the following information regarding number of cigarettes or number of packs)  
 No (if you checked this box, go to question #16)

Enter the number of cigarettes *or* packs of cigarettes you smoked per day for each time period below:

	Number of cigarettes		Number of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Last three months of pregnancy	_____	OR	_____

**16. Are you married?**

- Yes** If yes, please check which of the following applies:
- Yes**, I am legally married to the other parent of this newborn.
  - Yes**, but I want to name someone **other than my spouse as the biological parent** of this newborn. *Please inquire with hospital staff about recording information about the biological parent on your newborn's birth record.*
  - Yes**, but I do NOT want to name the other parent of this newborn.
- No** If no, has an Acknowledgment of Paternity been completed for this newborn?
- Yes, an Acknowledgment of Paternity has been completed.
  - No, an Acknowledgment of Paternity has not been completed. *If interested, please inquire with hospital staff about completing an Acknowledgment of Paternity form.*

**Other Parent's Information**

**17. What is the current legal name of the newborn's other parent?**

- Not naming another parent** (if you checked this box, go to question #25)

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix: Jr., III, etc.)

**18. What was the name of the newborn's other parent prior to their first marriage?**

- Same as current legal name** (if you checked this box, go to question #19)

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix: Jr., III, etc.)

**19. What is the other parent's date of birth?**

\_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

**20. In what State, U.S. Territory, or foreign country was the other parent born?**

\_\_\_\_\_ (Birthplace state or U.S. territory) OR \_\_\_\_\_ (Birthplace foreign country)

**21. What parent label would you like printed on the child's birth certificate for the other parent?**

- Mother  
 Father  
 Parent

**22. Education - What is the highest level of schooling the other parent has completed? (Check the box that best describes their education. If they are currently enrolled, check the box that indicates the previous grade or highest degree received).**

- 8<sup>th</sup> grade or less
- No diploma, 9<sup>th</sup> – 12<sup>th</sup> grade
- 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)

**23. Hispanic Origin - Is the other parent Spanish/Hispanic/Latino/Latina? Check the appropriate box. CHECK ONLY ONE**

- No, not Spanish/Hispanic/Latino/Latina
- Yes, Cuban
- Yes, Mexican/Mexican American/Chicano/Chicana
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino/Latina (specify) \_\_\_\_\_  
(Spaniard, Salvadoran, Dominican, Colombian, etc.)

**24. Race - Which one or more of the following would the other parent say is their race? CHECK ALL THAT APPLY**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native<br>(name of the enrolled or principal tribe)<br>_____ | <input type="checkbox"/> Other Asian (name of the enrolled or principal tribe)<br>_____            |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Other Pacific Islander (name of the enrolled or principal tribe)<br>_____ |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Samoan  |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> White   |
| <input type="checkbox"/> Guamanian or Chamorro  | <input type="checkbox"/> Other (specify) _____   |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Don’t know/Not sure   |
| <input type="checkbox"/> Korean   | <input type="checkbox"/> Refused   |
| <input type="checkbox"/> Native Hawaiian  |  |

**Social Security Information**

Furnishing the social security number(s) of the parent(s) is required by Federal Law, 42 USC 405 (c) (section 205 (c) of the Social Security Act). The number(s) will be made available to the Pennsylvania Department of Human Services to assist with child support enforcement activities and to the Internal Revenue Service for determining Earned Income Tax Credit compliance.

**25. What is your social security number?**

--	--	--	--	--	--	--	--	--	--	--

- None
- Unknown

**26. What is the social security number of the other parent?**

--	--	--	--	--	--	--	--	--	--	--

- None
- Unknown

**27. Did you want a social security card issued for your newborn?**

- Yes (please read and sign request below)
- No (go to question #28)

I request that the Social Security Administration assign a social security number to the newborn named on this worksheet and authorize the Pennsylvania Department of Health to provide the Social Security Administration with the information from this worksheet which is needed to assign a number and issue a card.

\_\_\_\_\_ (Signature of parent) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Printed name of parent who signed above)

NOTE: A social security card can only be issued (in accordance with your request above) if you have named your newborn in question #1 on this worksheet.

**If you are the BIRTHING PARENT, please STOP here. If you are not the birthing parent, answer the following questions.**

**Completion of Worksheet – Other than Birthing Parent**

**28. What is the name of the individual (hereinafter referred to as informant) providing information for this worksheet?**

\_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix: Jr., III, etc.)

**29. What is your relationship to the newborn?**

- Other parent of newborn
- Other relative (specify) \_\_\_\_\_
- Hospital employee
- Other (specify) \_\_\_\_\_

**30. In the box below, explain why you are completing this worksheet in lieu of the birthing parent (use reverse side if additional space is needed).**

**31. Read and sign to attest to the following statement.**

I attest that I am the informant in #28 above and that the information I provided in this worksheet is true and accurate to the best of my knowledge.

\_\_\_\_\_ (Signature of informant) \_\_\_\_\_ (Date)

**Please return this completed worksheet to:**

Insert your facility info here