

## Your Baby's Birth Certificate

Please complete the following worksheet and return it to the hospital staff before you leave the hospital. **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, meet Oregon and federal law, and gather 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. *If you have not yet decided on your child's name, leave that field blank. Whatever you write down becomes your child's legal name.*

### **A LEGAL BIRTH CERTIFICATE IS NOT AUTOMATICALLY ORDERED FOR YOU.**

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

We recommend parents order a certified copy of the birth record within the first year to confirm that the information, including spelling, is correct.

### **Correcting your baby's birth certificate**

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, the requirements for making corrections and changes to records are more complicated and usually require a \$35 amendment fee.

If a correction is needed, please contact the State office for instructions. Visit our website at <http://www.oregon.gov/oha/ph/birthdeathcertificates/changevitalrecords/pages/index.aspx> or call us at 971-673-1190.

### **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.

### **Information used for Public Health**

There are many questions on the worksheet that will not appear on your child's birth certificate. Your medical information is anonymous and is combined with other Oregon birth records. The combined information tells us problems women are having during their pregnancies. It also 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. Contact information might also be released to state agencies for the purpose of making parents aware of opportunities and programs relevant to your child.

**Thank you for your help**

**Birth Record  
PARENT WORKSHEET**

Please print neatly

(Page 1 of 2)

<b>CHILD</b>							
<b>Legal Name as you want it to appear on the birth certificate</b>							
First	Middle	Other Middle	Last	Suffix			
Date of Birth MM / DD / YYYY		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undetermined <input type="checkbox"/> X		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			
<b>BIRTH MOTHER (THE PERSON WHO HAD THE BABY)</b>							
Your Current Legal Name							
First	Middle	Last			Suffix		
Your Legal Name prior to first marriage/Your Legal Name at Birth <input type="checkbox"/> Check if 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			
<b>BIRTH MOTHER'S ADDRESS</b>							
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							
<input type="checkbox"/> Same as residence							
Residence Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No				Primary Telephone Number		Secondary Telephone Number	
<b>BIRTH MOTHER'S ATTRIBUTES</b>							
<b>Education:</b> What is the highest level of education you have completed?							
<input type="checkbox"/> 8 <sup>th</sup> grade or less		<input type="checkbox"/> Some college credit but no degree		<input type="checkbox"/> Master's degree			
<input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> 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					
<b>Hispanic Origin:</b> Are you 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			
<b>Race:</b> What is your 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 (specify) _____		<input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> Chinese		<input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> Unknown			
<input type="checkbox"/> Filipino							
<b>BIRTH MOTHER'S HEALTH</b>							
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.		3 months <u>before</u> pregnancy # _____ Cigarettes		1 <sup>st</sup> 3 months of pregnancy # _____ Cigarettes	
				2 <sup>nd</sup> 3 months of pregnancy # _____ Cigarettes		3 <sup>rd</sup> 3 months of pregnancy # _____ Cigarettes	
Did you drink alcohol during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (excludes hospital birthing center)? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, the planned primary attendant type at onset to labor was:				<input type="checkbox"/> Traditional Midwife		<input type="checkbox"/> Certified Nurse Midwife	
				<input type="checkbox"/> Naturopathic Doctor		<input type="checkbox"/> Medical Doctor	
				<input type="checkbox"/> Licensed Direct Entry Midwife			

**Hospital Staff**

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

Did you have a legal spouse or Oregon Registered Domestic (same-sex) 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 (same-sex) 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**

Parents can request to receive either a "Mother/Father" format or a "Parent/Parent" format on their child's birth certificate.

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. If you are married then you can **ONLY** list your spouse for the "Father/Second Parent" section below.)

Father/Second Parent's Name

First Middle Last Suffix

Date of Birth

Social security number

Check if none

Birthplace

State

COUNTRY

MM / DD / YYYY

**FATHER/SECOND PARENT'S ATTRIBUTES**

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

8<sup>th</sup> grade or less

Some college credit but no degree

Master's degree

9<sup>th</sup> – 12<sup>th</sup> grade; no diploma

Associate's degree

Doctorate or Professional degree

High school diploma or GED

Bachelor's degree

**Hispanic Origin:** Is the father/second parent 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 the father/second parent's 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)) \_\_\_\_\_

Other Asian

(specify) \_\_\_\_\_

Asian Indian

(specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

Chinese

Native Hawaiian

Unknown

Filipino

**PRENATAL**

**Principal Method of Payment**

Medicaid/Oregon Health Plan

Self-pay

Indian Health Services

Other government

Private insurance

Champus/Tricare

Other: \_\_\_\_\_

Date of last menses  
(Date of last period)

Prenatal Care

Date of 1<sup>st</sup> visit

MM / DD / YYYY

**Previous** live births

(Does not include this baby)

# 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

**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

OHA 9704 (03/18)

**Hospital Staff**

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

**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.