

INFORMATION FOR CHILD'S BIRTH CERTIFICATE

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship, and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child. It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

Please print clearly and complete form in its entirety.

Blanks may result in follow-up and a delay in submitting the information for the child's birth certificate.

1. What will be the baby's legal name (as it should appear on the birth certificate)?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.) _____

Name not yet chosen (If no last name is chosen, then mother's current last name will be used as the last name of this baby.)

2. What is mother's current legal name?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.) _____

3. What is mother's full maiden name?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.) _____

4. What is mother's date of birth? (Example: March - 4 - 1977)

Month _____ Day _____ Year _____

5. In what state, U.S. territory, or foreign country was the mother born?
Please specify one of the following:

State _____ If Canada, please list the province _____

U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas _____

Foreign country _____

6. What is the mother's Social Security Number? Furnishing parent(s) Social Security Number(s) (SSNs) 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 Idaho Department of Health and Welfare, Bureau of Child Support Enforcement to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

_____ - _____ - _____

7. Where does the mother usually live, that is, where is her physical household/residence located? (If no physical address, please list physical description of where she lives.)

Complete street address _____ Apartment Number _____
(Do not enter rural route number)

State (or U.S. territory, Canadian province): _____ County _____

If not United States, country _____

City, town, or location _____ Zip Code _____

8. Is this household inside city limits (inside the incorporated limits of the city, town or location where mother lives)?

Yes No Don't know



9. What is the mother's mailing address?

Same as residence [Go to question 10]

Complete number and street _____ Apartment Number _____

State (or U.S. territory, Canadian province): _____ County _____

If not United States, *country* _____

City, town, or location _____ Zip Code _____

10. What is the highest level of schooling that the mother will have completed at the time of delivery? (Check the box that best describes her education. If she is currently enrolled, check the box that indicates the previous grade or highest degree received.)

- | | |
|--|---|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Associate degree (e.g., AA, AS) |
| <input type="checkbox"/> 9th – 12th grade, but no diploma | <input type="checkbox"/> Bachelor's degree (e.g., AB, BA, BS) |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree (e.g., MA, MBA, MEd, MEng, MS, MSW) |
| <input type="checkbox"/> Technical/Vocational | <input type="checkbox"/> Doctorate or Professional degree (e.g., DDS, DO, DVM, EdD, JD, LLB, MD, PhD) |
| <input type="checkbox"/> Some college credit, but no degree | |

11. What is the mother's race? (Please check *one or more* races to indicate what the mother considers herself to be).

- | | | |
|---|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Mexican, Mexican American, Chicana |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Asian
(Specify) _____ | <input type="checkbox"/> Other Spanish / Hispanic / Latina
(Specify) _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian | |
| <input type="checkbox"/> American Indian or Alaska Native
(Name of enrolled or principal tribe)
_____ | <input type="checkbox"/> Guamanian or Chamorro | |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander
(Specify) _____ | |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Other
(Specify) _____ | |
| <input type="checkbox"/> Filipino | | |
| <input type="checkbox"/> Japanese | | |
| <input type="checkbox"/> Korean | | |

12. Did the mother receive WIC (Women, Infants and Children) food for herself when she was pregnant with this child?

Yes No Don't know

13. What is the mother's height?

_____ feet _____ inches

14. What was the mother's PRE-pregnancy weight, that is, her weight immediately before she became pregnant with this child?

_____ pounds

15. Pregnancy History (complete each section)

Date of last menstrual period _____ / _____ / _____
Month Day Year

Prior live births now living _____ Prior live births now deceased _____ Date of prior last live birth _____ / _____
(number) Month Year

Other pregnancy outcomes (stillbirths, miscarriages, abortions, ectopic) _____ Date of last outcome _____ / _____
(number) Month Year

16. How many cigarettes OR packs of cigarettes did the mother smoke on an average day during each of the following time periods?

<input type="checkbox"/> Yes, smoked prior to and/or during pregnancy:	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	_____

No, did not smoke three months prior to or during pregnancy.

17. Was the mother married at time of birth, conception, or anytime between?

- Yes. Husband is the father [Please go to Question 18]**
 - Husband is not the father**
 - Yes, an Acknowledgement of Paternity affidavit has been completed by all 3 parties.**
 - No, Acknowledgement of Paternity affidavit has not been completed. [Please go to Question 18 *Husband must be listed as father.*]**
- No (not married at any time during pregnancy) [Please see below]**
 - Yes, a paternity acknowledgment has been completed. [Please go to Question 18]**
 - No, a paternity acknowledgment has not been completed. [Please go to Question 24]**

**BIOLOGICAL FATHER'S INFORMATION:
COMPLETE ITEMS 18 – 23 ONLY IF MOTHER IS MARRIED OR A PATERNITY ACKNOWLEDGMENT HAS BEEN SIGNED**

18. What is the current legal name of the baby's father?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.) _____

19. What is the father's date of birth? (Example: March – 4 – 1976)

Month _____ Day _____ Year _____ Don't know

**20. In what state, U.S. territory, or foreign country was the father born?
Please specify one of the following:**

State _____ If Canada, please list the province _____
U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas _____
Foreign country _____

21. What is the father's Social Security Number?

_____ – _____ – _____

22. What is the highest level of schooling that the father will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received.)

- 8th grade or less
- 9th – 12th grade, but no diploma
- High school graduate or GED completed
- Technical/Vocational
- Some college credit, but no degree
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g., AB, BA, BS)
- Master's degree (e.g., MA, MBA, MEd, MEng, MS, MSW)
- Doctorate or Professional degree (e.g., DDS, DO, DVM, EdD, JD, LLB, MD, PhD)

23. What is the father's race? (Please check one or more races to indicate what he considers himself to be).

- White
- Puerto Rican
- Black or African American
- American Indian or Alaska Native (Name of enrolled or principal tribe) _____
- Asian Indian
- Chinese
- Cuban
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify) _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify) _____
- Other (Specify) _____
- Mexican, Mexican American, Chicano
- Other Spanish / Hispanic / Latino (Specify) _____



24. I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number. (Either parent, or the legal guardian, may sign.)

Yes [Please sign below] No [Go to Question 25]

Signature _____ Date _____

25. Signature of the informant:

I certify that stated information concerning this child is true to the best of my knowledge and belief.

Informant's signature _____

Mother of baby Father of baby Guardian [If guardian, please complete full name]

Please return your completed birth certificate worksheet to the Kootenai Birthing Center staff at the time of your pre-delivery clinic appointment or to your nurse prior to your discharge from Kootenai Medical Center.

If you have any questions with respect to this information worksheet, please contact:

Health Information / Medical Records Department
Kootenai Health
2003 Kootenai Health Way
Coeur d'Alene, ID 83814
(208) 625-6241