

birth certificate worksheet

Review the following and fill in the information you're able to complete at this time. Return this worksheet along with your preregistration form. Our birth certificate clerk will review it with you after your baby has been born. *Note that electronic birth certificates are available.*

Child's first name: _____ Middle: _____ Last: _____
Date of birth: _____ Time of birth: _____ a.m. _____ p.m. Sex: _____
City, town or location of birth: _____ County: _____
Place of birth (hospital or other): _____ Facility name: _____
Inside city limits: yes no Birth attendant's name and title (doctor or midwife): _____

Mother's first name: _____ Middle: _____ Last: _____
Maiden: _____ Mother's date of birth: _____
Birthplace (state or foreign country): _____ Residence state: _____
Country: _____ City, town or location: _____
Street address: _____ Apartment number: _____
Inside city limits: yes no Zip code or mailing address if different from residence: _____

Father's first name: _____ Middle: _____ Last: _____
Father's date of birth: _____ Birthplace (state or foreign country): _____

Parent(s) requests that a Social Security card be issued for this child: yes no
Parent(s) authorizes release of child's Social Security number to the Office of Vital Statistics: yes no
Mother's Social Security number: _____ Father's Social Security number: _____
Mother's race (Caucasian, African-American, etc.): _____
Is mother of Hispanic or Haitian descent? yes no If yes, please specify Haitian, Puerto Rican, Cuban, etc.: _____
Mother's education (specify highest grade completed): 0-12 college (1-5+) Is mother married? yes no
Father's race (Caucasian, African-American, etc.): _____
Is father of Hispanic or Haitian descent? yes no If yes, please specify Haitian, Puerto Rican, Cuban, etc.: _____
Father's education (specify highest grade completed): 0-12 college (1-5+)

Date last normal menses began: _____ Now living number of live births: _____
Date of last live birth (month and year): _____ Number of children born alive, now deceased: _____
Number of terminations (spontaneous or induced): _____ Date of last termination (month and year): _____
Month of pregnancy that prenatal care first began (1st month, 2nd month, etc.): _____
Prenatal visits (total number): _____ Baby's birth weight (lbs. and oz.): _____
Clinical estimate of gestation (weeks): _____ Plurality (single, twin, etc.): _____
If not single birth, check one: first second third fourth fifth
Tobacco use during pregnancy: yes no Cigarettes per day: _____
Alcohol use during pregnancy: yes no Drinks per week: _____
Weight gained during pregnancy: _____ Apgar scores: 1 minute _____ 5 minutes _____
Estimated date of delivery: _____ Obstetrician's name: _____
Pediatrician chosen: _____ Phone number: _____