# Birth Certificate Worksheet

**Baby's Name** – Yes, of course you can wait until after baby is born to fill in the name.  ☺  But it's usually easier to fill out the rest of it before baby comes.

_____  _____  _____
First (Given)                                          Middle                                          Last (Family)

## Place of Birth

Street Address _____
Street, Number, or Location

_____  _____  _____
City                                               Zip Code                                          County

## Mother's Information

**"Maiden"** Name _____  _____  _____
First (Given)                                          Middle                          Last Name when Born - Pre-Marriage Last  Name

Date of Birth _____  State of Birth (or non-US country) _____
(MM/DD/CCYY)

**Natural** miscarriages/stillbirths -_____  _____  _____
(# Before 20 weeks)                          (# After 20 weeks)                  Date of Last One (MM/CCYY)

*Optional Information for Public Health Use Only - Does not appear on birth certificate\**

| | |
|---|---|
| *Usual Occupation* _____ | *Date Last Worked(MM/YY)*_____ |
| *Usual Business or Industry*_____ | *SSN* _____ |

## Father's Information

Legal Name _____  _____  _____
First (Given)                                          Middle                                          Last (Family)

Date of Birth _____  State of Birth (or non-US country) _____
(MM/DD/CCYY)

*Optional Information for Public Health Use Only - Does not appear on birth certificate\**

| | |
|---|---|
| *Usual Occupation* _____ | *Date Last Worked(MM/YY)*_____ |
| *Usual Business or Industry*_____ | *SSN* _____ |

\**Instructions for Optional Information*

Usual Occupation is a job title; be as specific as possible, e.g. Insurance Salesperson, Seventh Grade Math Teacher, Research Chemist, Computer Programmer, Systems Administrator, Corporate Secretary, Gardener, Airplane Mechanic, Midwife.

Usual Business or Industry describes your employer's business, e.g. Computer Chip Manufacture, Computer Network Software, Public School, Life Insurance Company, Auto Repair Shop, Retail drugstore, Airline company, Maternity Healthcare.

**Special Cases for Occupation/Business:  Homemaker/Own Home; Student/Chiropractor School; Never Worked/"-".**

# Please see reverse for additional optional questions – thank you!

# CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
## RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

**NOTICE TO INFORMANTS: Completion of this worksheet in conjunction with either the "Certificate of Live Birth" or the "Certificate of Fetal Death" is not required by state law. However, the information requested is essential for determining the health problems of the population groups noted below and your cooperation is appreciated.**

| FATHER'S RACE/ETHNICITY | MOTHER'S RACE/ETHNICITY |
|---|---|

**HISPANIC, LATINO, SPANISH** (**check 1 box**). Enter specific origin on the certificate.

Is the **FATHER** Hispanic/Latino/Spanish?

☐ No, not Hispanic/Latino/Spanish
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Central American
☐ Yes, South American
☐ Yes, Cuban
☐ Yes, Puerto Rican
☐ Yes, Other Hispanic/Latino/Spanish (Specify):

_____

**HISPANIC, LATINA, SPANISH** (**check 1 box**). Enter specific origin on the certificate.

Is the **MOTHER** Hispanic/Latina/Spanish?

☐ No, not Hispanic/Latina/Spanish
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Central American
☐ Yes, South American
☐ Yes, Cuban
☐ Yes, Puerto Rican
☐ Yes, Other Hispanic/Latina/Spanish (Specify):

_____

**RACE** (**check 1, 2 or 3 boxes**). Enter up to 3 races on the certificate.

The **FATHER** is:

☐ White
☐ Black or African American
☐ American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native)
Specify Tribe(s):_____

_____

☐ Native Hawaiian
☐ Guamanian
☐ Samoan
☐ Other Pacific Islander (Specify):

_____

☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Thai
☐ Vietnamese
☐ Other Asian (Specify):

_____

☐ Other (Specify):_____
☐ Other (Specify):_____
☐ Other (Specify):_____

**RACE** (**check 1, 2 or 3 boxes**). Enter up to 3 races on the certificate.

The **MOTHER** is:

☐ White
☐ Black or African American
☐ American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native)
Specify Tribe(s):_____

_____

☐ Native Hawaiian
☐ Guamanian
☐ Samoan
☐ Other Pacific Islander (Specify):

_____

☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Thai
☐ Vietnamese
☐ Other Asian (Specify):

_____

☐ Other (Specify):_____
☐ Other (Specify):_____
☐ Other (Specify):_____

| FATHER'S EDUCATION | MOTHER'S EDUCATION |
|---|---|

**Check 1 box** that best describes the highest degree or level of school completed by the **FATHER** at the time of the delivery. Enter education degree or level on the certificate.

☐ 0-11th grade. Enter highest year completed: _____
☐ 12th grade; no diploma. Enter **12**
☐ High school graduate or GED completed. Enter **HS** or **GED**
☐ Some college credit, but no degree. Enter **SOCOL**
☐ Associate degree (e.g. AA, AS). Enter **ASSOC**
☐ Bachelor's degree (e.g., BA AB, BS). Enter **BACH**
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MAST**
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD, RN, NP, PA).
Enter **DOCT** or **PROF**: _____

**Check 1 box** that best describes the highest degree or level of school completed by the **MOTHER** at the time of the delivery. Enter education degree or level on the certificate.

☐ 0-11th grade. Enter highest year completed: _____
☐ 12th grade; no diploma. Enter **12**
☐ High school graduate or GED completed. Enter **HS** or **GED**
☐ Some college credit, but no degree. Enter **SOCOL**
☐ Associate degree (e.g. AA, AS). Enter **ASSOC**
☐ Bachelor's degree (e.g., BA AB, BS). Enter **BACH**
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MAST**
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD, RN, NP, PA).
Enter **DOCT** or **PROF**: _____

**Do not enter any identification by patient name or number on this worksheet. Discard after use.**
**Do not retain the worksheet in the medical records or submit with the "Certificate of Live Birth" or the "Certificate of Fetal Death."**