



Parent's Worksheet for Child's Birth Certificate

FOR HOSPITAL USE ONLY:

MOTHER MR# _____ NEWBORN MR# _____
 MEDICAID # _____ DELIVERING DR _____ RM # _____

The information you provide on this worksheet is used to create your child's birth certificate. The birth certificate is a legal document used to prove your child's age, citizenship and parentage. Your child will use the birth certificate throughout his/her life. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Please **PRINT** your responses carefully and accurately as errors are difficult and expensive to correct.

CHILD'S PLACE OF BIRTH

Name of Hospital or Location	Address	State
County	City	Zip Code

CHILD'S INFORMATION

Time of Birth	Date of Birth	Plurality (please circle one)
		Single / Twin / Triplets / Quadruplets / Quintuplets
	Am / Pm	
Birth Order (please circle one)	Number of Infants Born Alive at this Birth? (please circle one)	
First / Second / Third / Fourth / Fifth	One / Two / Three / Four / Five	

MOTHER'S CURRENT LEGAL NAME

First Name	Middle Name	Last Name	Suffix

CHILD'S LEGAL NAME

First Name	Middle Name	Last Name	Suffix

MOTHER'S RESIDENCE ADDRESS

Residence Address	Apartment Number	State/Foreign Country	County
City/Town/Location	Zip Code / Extension	Inside City Limits?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

MOTHER'S MAILING ADDRESS (if same as residence address, LEAVE THIS SECTION BLANK)

Address	Apartment Number	State/Foreign Country	County
City/Town/Location	Zip Code / Extension	Inside City Limits?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	



MOTHER'S INFORMATION

Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security

Apply for Baby's Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Parent 1 Give up Rights to the Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Rights Given Up?
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Occupation	Type of Business	What is Mother's Race?	
Mother's Education <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	Is Mother of Hispanic Origin? <input type="checkbox"/> No, not Spanish / Hispanic / Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish / Hispanic / Latina Specify _____	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown

MOTHER'S HEALTH INFORMATION

Did you receive WIC for this Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height	Weight Before Pregnancy	Weight At Delivery

How many cigarettes did you smoke before and during pregnancy?

Three Months Before Cigs/Day: _____	Packs/Day: _____	First Three Months Cigs/Day: _____	Packs/Day: _____
Second Three Months Cigs/Day: _____	Packs/Day: _____	Third Trimester Cigs/Day: _____	Packs/Day: _____

MOTHER'S MARITAL STATUS (Please read carefully)

Were you married at the time you conceived this child, at the time of birth, or within 300 days prior to the birth of your child?

Yes (Please skip over the AOP section below and complete Parent 2 sections).

Yes, but I refuse to provide my spouse's name as the parent of my child.

Would you like to complete an AOP? (See AOP section below)

No, 1 can provide legal documentation: court order or gestational agreement

Yes, but the spouse is not the biological parent of my child. (Please complete AOP section).

No- if you are not married, the other parent's name may be listed on the birth certificate only if both parents complete an Acknowledgement of Paternity. (Please complete AOP section)

ACKNOWLEDGEMENT OF PATERNITY (An AOP can only be signed by the bio mom/dad or presumed father)

Do you want to complete an Acknowledgement of Paternity?

Yes - If you are or have been married to someone other than the biological parent of this child, or within 300 days before this child's birth, the AOP must include a Denial of Paternity from the husband or former husband to allow the biological parent's information to be listed on the birth certificate.

No - Information about the other parent cannot be included on the birth certificate.

MOTHER'S NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix



FATHER'S INFORMATION

Legal First Name	Middle Name	Last Name	Suffix
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Occupation	Type of Business		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		

<p>Father's Education</p> <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<p>Is Father of Hispanic Origin?</p> <input type="checkbox"/> No, not Spanish / Hispanic / Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish / Hispanic / Latino Specify _____	<p>What is Father's Race?</p> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
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Has Paternity - Genetic Testing Been Done?	Father's Mailing Address	Apartment Number
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
State/Foreign Country/Territory	City/Town/Location	Zip Code / Extension
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

PRESUMED FATHER INFORMATION (Complete ONLY if applicable)

Date of Birth	Social Security		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		
First Name	Middle Name	Last Name	Suffix
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Mailing Address	Apartment Number	State/Foreign Country/Territory	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
City/Town/Location	Zip Code Extension		
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>		

MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable)

Mother's Medicaid Name	Mother's Medicaid Number
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

IMMTRAC REGISTRY

Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to share the immunization information with registered providers? <input type="checkbox"/> Yes <input type="checkbox"/> No



Congratulations on the birth of the new Little Texan!

Texas Vital Statistics would like to take this opportunity to answer some most commonly asked questions about birth certificates in Texas ...

"How do I get a copy of my baby's birth certificate?"

You can request and purchase a certified copy of your child's birth certificate from the local registrar's office located in the city or county where the birth occurred, or from the Texas Vital Statistics office located in Austin, Texas.

A *Certified Birth Certificate* is a permanent legal document filed in the State of Texas that establishes your child's identity and is used to apply for medical or government services, passports, school admission, etc.

"When will I receive my baby's social security card?"

If you answered "Yes" to the question, "Apply for baby's social security number?", the birth information will be forwarded to the Social Security Administration as soon as the Texas Vital Statistics office receives the data from the hospital. The Social Security Administration then requires 2-3 weeks to process the information. A social security card will be mailed to the mother's mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

"When will I receive my baby's Medicaid number?"

If you provided an answer for the questions "Mother's Medicaid Name?" and "Mother's Medicaid Number?", the birth information will be forwarded to the Medicaid office as soon as the Texas Vital Statistic office receives the data from the hospital. Medicaid then requires 2-3 weeks to process the information. An Infant Medicaid card will be mailed to the mother's mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

I authorize the release of birth information to the local newspaper

YES NO _____ Initials