MOTHER'S MEDICAL RECORD #	CHILD'S MEDICAL RECORD #
MOTHER'S NAME:	

Rev 1/2017

# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



### MOTHER'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)

Adapted by CT DPH from the NVSS Mother's Worksheet for the 2003 Live 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.

## PARENTS – THIS FORM IS NOT TO BE TAKEN HOME. PLEASE PROVIDE TO YOUR HOSPITAL'S BIRTH REGISTRAR BEFORE DISCHARGE.

#### CHILD'S INFORMATION 1a. Child's Legal Name: Print your child's name EXACTLY as you want it to appear on the birth certificate. To change it in the future will require a court ordered legal name change decree. First Middle Generational ID Last ☐ Child's name not yet chosen Date of birth of this child Birth Order of this child Plurality of this birth Include all infants delivered (alive or dead) in this pregnancy If a multiple birth, circle the birth \_\_\_/\_\_/\_\_\_\_ when determining plurality and birth order. order of the child named above. ☐ Singleton Month Day Year ☐ 1st born ☐ Twins Sex of this child ☐ 2nd born □ Triplets ☐ 3rd born Quadruplets ☐ Male ☐ 4th born ☐ Other \_\_\_\_ ☐ Female □ Other ☐ Undetermined **INFORMATION ON MOTHER** 2a. Mother's current legal name First Middle Last Generational ID **2b.** Mother's name prior to her first marriage (Maiden name; Last name given at birth or on Birth Certificate) ☐ SAME AS CURRENT LEGAL NAME First Middle Generational ID Last

2c. Mother's date of birth	2d. Mother's Place of Birth							
/ / U.S. State								
Month Day Year  U.S. territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)								
	Foreign country							
	If CANADA, provide province							
<b>2e.</b> Although your marital status legally and properly. Failure your child's life.	does not print on your child's to provide accurate marital sta							
and giving birth?  Yes  No If no, has a pate	ne you conceived this child, at ernity acknowledgment been connecticut <u>Acknowledgment of F</u>	ompleted? (That is, have you	and the biological father					
responsibility for the		<u>uternity</u> joinn in which the ju	ther accepted legal					
. , , , , ,	ernity acknowledgment has be	en completed.						
· •	rnity acknowledgment has not	,	9					
· · · · · · · · · · · · · · · · · · ·	included on the birth certificat		-					
	formation to the Birth Certifica	te after it has been filed can l	be obtained from the State					
Vital Recor	us Office.							
located. For example, the loc	tion and the official name of thation for paying taxes, voting,	etc., but not necessarily used	l for mailing address.					
House Number	Street (Do not enter PO Boxes or Ru	ural Route numbers)	Apt / Unit					
City/Town		State	ZIP code					
County:	If not United States, coι	untry						
Is the residence inside city limits	s? (Non-CT residents only)	res □ No □ Don't know	1					
How long has the Mother lived	at the current residence repor	rted above? Years _	Months					
2g. Address where mail is received	ved: Same as residence	ce address above						
House Number	Street, Rural Route, P.O. Box		Apt / Unit					
City/Town County:	If not United States, <i>coι</i>	State untry	ZIP code					
3a. Mother's Spoken Language (	check all that apply):							
☐ American sign language (ASL)	☐ Gujarathi	☐ Russian						
☐ Armenian	☐ Khmer	☐ Serbo-Croati	an					
☐ Chinese, Cantonese	☐ Korean	☐ Spanish						
☐ Chinese, Mandarin	Laotian	□Vietnamese						
☐ English	Persian	☐ Other Langua	age –specify:					
☐ French (including Cajun, Patoi		. 0.	• ,					
☐ French Creole (for example, H								

Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of Hispanic, Latino/a, or Spanish origin. Race and ethnicity are considered separate and distinct identities. Please complete both items. Definition of Hispanic, Latino/a, or Spanish Origin: 3b. Is the Mother Spanish/Hispanic/Latina? Hispanic origin can be viewed as the heritage, ☐ No, not Spanish/Hispanic/Latina nationality group, lineage, or country of birth of the ☐ Yes, Mexican, Mexican American, Chicana person or the person's parents or ancestors before ☐ Yes, Puerto Rican their arrival in the United States. People who identify ☐ Yes, Cuban their origin as Hispanic, Latino, or Spanish may be any ☐ Yes, other Spanish/Hispanic/Latina: race. • "Hispanic, Latino/a, or Spanish origin" refers to a (e.g. Spaniard, Salvadoran, Dominican, Columbian) person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race*. **Definition of Race Categories:** A person may indicate self-identification with two or **3c.** Mother's Race: Please check one or more races to more races by selecting multiple race categories. indicate what she considers herself to be. • "White" refers to a person having origins in any of ■ White the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their ☐ Black or African American ☐ American Indian or Alaska Native: race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or (name of enrolled or principal tribe) Caucasian. "Black or African American" refers to a person Asian having origins in any of the Black racial groups of ■ Asian Indian Africa. It includes people who indicate their race(s) ☐ Chinese as "Black, African American, or Negro"; or report ☐ Filipino entries such as African American, Kenyan, Japanese Nigerian, or Haitian. ■ Korean "American Indian and Alaska Native" refers to a ■ Vietnamese person having origins in any of the original peoples ☐ Other Asian: of North and South America (including Central (e.g., Thai, Cambodian, Malaysian) America) and who maintains tribal affiliation or community attachment. "Asian" refers to a person having origins in any of Pacific Islander the original peoples of the Far East, Southeast ■ Native Hawaiian

☐ Guamanian or Chamorro

☐ Other Pacific Islander:

■ Samoan

Other Race:

Asia, or the Indian subcontinent including, for

example, Cambodia, China, India, Japan, Korea,

the

"Native Hawaiian and Other Pacific Islander" refers to a person having origins in any of the

original peoples of Hawaii, Guam, Samoa, or other

Philippine Islands,

Pakistan,

Thailand, and Vietnam.

Malaysia,

Pacific Islands.

4a.	Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.												
					-			-					
			□ I D(	тои с	НА	VE A	SOCIA	L SE	CURIT	Y NUI	MBER		
	4b. Mother's occupation: (Ex. Nurse's aide, machine operator, car salesman, student, homemaker)  4c. Mother's type of business/industry: (Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)												
	4d. Highest level of schooling the Mother has completed at time of delivery:  Check the box that best describes her education. If currently enrolled, check the box that indicates the previous grade or highest degree received.  4e. Did the Mother receive WIC (Women's, Infant & Children) food for herself												
	□ 8th grade or less □ 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma  because she was pregnant with this child?												
	☐ High school graduate	or GE	D cor	nplete	d								□ Yes
	☐ Some college credit,	but no	degr	ee									□ No
	☐ Associate degree (e.				cal	schoo	[?]						
	☐ Bachelor's degree (e	_		-									
	☐ Master's degree (e.g			_									
	☐ Doctorate or Profess	lonar	iegre	e (e.g.	PIIL	), EUD	, IVID,	LLB					
4f. Did the Mother smoke just before or during this pregnancy? (Do not include e-cigarettes or vaping cigarettes)													
☐ Yes, I smoked during the three months before I became pregnant and/or while I was pregnant.													
	For the three months <u>before</u> pregnancy, on an average day I smoked: cigs or packs.  During the first 3 months of pregnancy, on an average day I smoked: cigs or packs.  During the second 3 months of pregnancy, on an average day I smoked: cigs or packs.  During the last 3 months of pregnancy, on an average day I smoked: cigs or packs.												
	☐ No, I did not smoke during the three months before I became pregnant or while I was pregnant.												
4g. Did the Mother use alcohol regularly during this pregnancy? If so, how many drinks did she consume in an average week?													
	☐ No, I did not drink regularly during this pregnancy.												
	☐ Yes, I drank drinks in <i>an average week</i> during this pregnancy.												
4h.	Mother's height:		4i. 1	Vlothe	r's '	weigh	t imm	edia	itely b	efore	she b	ecam	e pregnant with this child:
	feet inches	5		Pr	e-pı	regnar	ncy we	eight	was			pou	nds

## **INFORMATION ON FATHER**

		•	parents are legally married to each other CKNOWLEDGEMENT OF PATERNITY" form.			
5a. Father's current legal na	ame:					
First M	1iddle		Last Generational ID			
5b. Father's name prior to f	first marriage (Last na	ame given at bir	virth or on Birth Certificate)			
□ SAME AS CURRENT LEG	GAL NAME					
First M	1iddle		Last Generational ID			
5c. Father's date of birth:	5d. Father's Pla	ace of Birth:	:			
/ /	U.S. State					
Month Day Year	U.S. territory					
		(i.e., Puerto Ric	ico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)			
	Foreign country	<b>'</b>	<del></del>			
	If CANADA, provide	e province				
6a. Father's spoken languag	ge:					
☐ American sign language (A	ASL)	Gujarathi	☐ Russian			
☐ Armenian	□ H	Khmer	☐ Serbo-Croatian			
☐ Chinese, Cantonese		Korean	☐ Spanish			
Chinese, Mandarin		.aotian	□Vietnamese			
☐ English		Persian	Other Language –specify:			
☐ French (including Cajun, F		Polish				
☐ French Creole (for example, Haitian) ☐ Portuguese						
-	y most closely identif nnicity are considered	fy and indicat d separate ar	ntification data items in which respondents choose the ate whether or not they are of <b>Hispanic, Latino/a, or</b> and distinct identities.  The both items.			
Definition of Hispanic, Latino/a, or Spanish Origin: Hispanic origin can be viewed as the heritage, nationality  6b. Is the Father Spanish/Hispanic/Latino?						
group, lineage, or country	•	•	No, not Spanish/Hispanic/Latino			
person's parents or ancesto	-		Yes, Mexican, Mexican American, Chicano			
United States. People w	ho identify their o	origin as	☐ Yes, Puerto Rican			
Hispanic, Latino, or Spanish	•		☐ Yes, Cuban			
<ul> <li>"Hispanic, Latino/a, or</li> </ul>	•		Yes, other Spanish/Hispanic/Latina:			
person of Cuban, Mex			(e.g. Spaniard, Salvadoran, Dominican, Columbian)			
Central American, or other Spanish culture or origin –						
regardless of race.						

Definition of Race Categories:	<b>6c. Father's Race:</b> Please check one or more races to								
• "White" refers to a person having origins in any of	indicate what he considers himself to be.								
the original peoples of Europe, the Middle East, or									
North Africa. It includes people who indicate their	☐ White								
race(s) as "White" or report entries such as Irish,	Black or African American								
German, Italian, Lebanese, Arab, Moroccan, or	American Indian or Alaska Native:								
Caucasian.	(name of enrolled or principal tribe)								
• "Black or African American" refers to a person	(name of emolica of principal tribe)								
having origins in any of the Black racial groups of	Asian								
Africa. It includes people who indicate their race(s)	☐ Asian Indian								
as "Black, African American, or Negro"; or report	☐ Chinese								
entries such as African American, Kenyan,	☐ Filipino								
Nigerian, or Haitian.	☐ Japanese								
• "American Indian and Alaska Native" refers to a	☐ Korean								
person having origins in any of the original peoples	☐ Vietnamese								
of North and South America (including Central	Other Asian:								
America) and who maintains tribal affiliation or	(e.g., Thai, Cambodian, Malaysian)								
community attachment.									
• "Asian" refers to a person having origins in any of	Do sific Islamdon								
the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for	Pacific Islander								
example, Cambodia, China, India, Japan, Korea,	<ul><li>Native Hawaiian</li><li>Guamanian or Chamorro</li></ul>								
Malaysia, Pakistan, the Philippine Islands,	☐ Samoan								
Thailand, and Vietnam.	☐ Other Pacific Islander:								
"Native Hawaiian and Other Pacific Islander"	Guille Facilité islander.								
refers to a person having origins in any of the									
original peoples of Hawaii, Guam, Samoa, or other	☐ Other Race:								
Pacific Islands.									
7a. Father's Social Security Number:									
	by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security ticut Department of Social Services to assist with child support								
·	the purpose of determining Earned Income Tax Credit compliance.								
emorsement denvices and to the internet nevertice service for	the purpose of determining Edition in Tax Great compilation.								
	-								
□ I DO NOT HAVE A S	SOCIAL SECURITY NUMBER								
7b. Father's occupation:	7c. Father's type of business/industry:								
(Ex. Nurse's aide, machine operator, car salesman, student, homemaker)	(Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)								
7d. Highest level of schooling the Father has completed									
education. If currently enrolled, check the box that indic	ates the previous grade or highest degree received.								
□ 8 <sup>th</sup> grade or less									
9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma									
High school graduate or GED completed									
☐ Some college credit, but no degree									
☐ Associate degree (e.g. AA, AS) [Technical school?]									
☐ Bachelor's degree (e.g. BA, AB, BS)	-								
	AAA AADAA								
☐ Master's degree (e.g. MA, MS, Meng, Med, MS									
Doctorate or Professional degree (e.g. PhD, Edl	リ、MD、LLB)								

IMMUNIZATION INFORMATION							
This additional information is requested by the CT Immunization Registry and Tracking System which will keep track of your child's preschool immunizations. If you do not wish to participate, you must sign the refusal box on the separate CT Immunization Registry and Tracking System (CIRTS) enrollment form.							
8a. Pediatrician Information:							
Name of baby's doctor:First	Middle	Last	Generational ID				
Name of doctor's practice:							
Town of doctor/clinic:							
	EMERGENCY CONT	ACT					
8b. Emergency Contact Name:			_				
Contact's Telephone #:_							
8c. Mother's Telephone #							
	INFORMANT INFORM	IATION					
8d. Informant's Information:							
Relationship to this child:   Mother	☐ Father ☐ Other relation	ve 🔲 Hospital employee					
☐ Other – sp	ecify		_				
Full name of person providing information in this form:							
First Middle		Last	Generational ID				
Signature of Informant:		Date:					

Please provide this completed worksheet to your hospital's Birth Registrar before discharge.