

Your Baby's Birth Certificate

The information we are requesting has several purposes including:

- completing the legal portion of your baby's birth certificate;
- collecting information required by federal law; and
- gathering medical information that is used for public health.

Completing the Legal Portion of Your Baby's Birth Certificate

It is very important that the names, dates of birth, and places of birth are correct. Please use full names and make sure the spelling is exactly as you want it to appear on the birth certificate for your baby, the other parent, and your own name. The first time you order a certified copy of the birth certificate, please confirm that the information, including spelling, is correct.

Collecting Information Required by Federal Law

Federal law requires that parents' social security numbers be collected at the time of birth. This information would be used only for support enforcement purposes and is not included on the birth certificate.

Gathering Medical Information that is Used for Public Health

There are many questions on the 'Certificate of Live Birth' form (filed by the hospital) that will not appear on the birth certificate of your child. Your information is combined with records of other births in Oregon. The combined information tells us which health services were used, what problems women are having during their pregnancies, and what health outcomes occur in Oregon.

This information helps agencies decide what services to offer and the levels of need among groups of women. This is why we ask for information about race, ethnicity, education, number of prenatal visits, and many other detailed questions. Although not used on the birth certificate of your baby, this information is used to improve the health of women and babies in the future. The information is used to improve programs and to continue funding successful programs. Oregon law requires collection of this information.

This information might also be used to identify infants who need services due to a medical condition. If so, state or county public health staff might contact you to refer your child to the needed service. Infrequently, contact information (name and address) might be released for public health research. Public health researchers have the goal of understanding medical or services needs, and to help communities plan to meet those needs. Any research of this type has strict requirements for contacting people and for telling people of their rights under the project, including the right to refuse to participate.

Please answer every question to the best of your knowledge. Each question has a purpose.

Congratulations on Your Baby and Thank You for Your Help.

Parent worksheet for birth certificate

CHILD

Child's legal name as you want it to appear on his or her birth certificate

First _____ Middle _____ Other middle _____ Last _____ Suffix _____
Date of birth Month _____ Day _____ Year _____ Gender Male Female

BIRTH MOTHER

Your current legal name

First _____ Middle _____ Other middle _____ Last _____ Suffix _____
Your legal name on your birth certificate. Do not report the name from a legal name change (i.e., court-ordered name change, adoption, etc.) unless your birth certificate was amended. Same as current legal name

First _____ Middle _____ Other middle _____ Last _____ Suffix _____
Your date of birth Month _____ Day _____ Year _____
Your place of birth _____
State or Canadian province _____ Country _____

BIRTH MOTHER'S ADDRESS

Residence address _____
Street address including apartment or unit number

City _____ County _____ State/Country _____ Zip _____
Inside city limits? Yes No Unknown

Mailing address Same as residence address
If different _____
Street address or PO Box, including apartment or unit number

City _____ State _____ Zip _____

BIRTH MOTHER'S ATTRIBUTES

Education: What is the highest level of education you have completed?

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

Ethnicity: Are you of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.) Check one or more; do not leave blank.

<input type="checkbox"/> No, not Spanish/Hispanic/Latina	<input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> Yes, Mexican, Mexican-American, Chicana	<input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (specify) _____
<input type="checkbox"/> Yes, Puerto Rican	

Race: What is your race(s)? Please check one or more races to indicate what you consider yourself to be.

<input type="checkbox"/> American Indian or Alaskan Native (specify tribe(s)) _____	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian (specify) _____
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander (specify) _____
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Japanese	
<input type="checkbox"/> Korean	
<input type="checkbox"/> Native Hawaiian	

BIRTH MOTHER'S HEALTH

Did you get WIC food for yourself during this pregnancy? Yes No

Your height _____ feet _____ inches Your weight before you became pregnant _____ Current weight _____

Tobacco use Didn't smoke

3 months before pregnancy # _____ Cigarettes Packs

1st 3 months of pregnancy # _____ Cigarettes Packs

2nd 3 months of pregnancy # _____ Cigarettes Packs

3rd 3 months of pregnancy # _____ Cigarettes Packs

Did you drink alcohol during this pregnancy? Yes No If yes, average number of drinks per week? _____

LEGAL RELATIONSHIP OF PARENTS

Were you married (did you have a legal husband) at conception, at birth, any time between or within 300 days of this birth? Yes No

If yes, please complete the following Father/Second Parent section with information about your husband.

If not married, are you in an Oregon Registered Domestic Partnership? Yes No

If yes, please complete the Father/Second Parent section with your partner's information.

If you were married or in an Oregon Registered Domestic Partnership at any of the times above, only your husband or partner can be listed as the legal parent of your child without a court or administrative order.

If not married or not in an Oregon Registered Domestic Partnership, will you and the father sign a paternity acknowledgment to establish legal paternity at this time? Yes No

If a paternity acknowledgment will be signed, please complete the Father/Second Parent section.

FATHER/SECOND PARENT LEGAL INFORMATION

Current legal name

First _____ Middle _____ Other middle _____ Last _____ Suffix _____
Date of birth Month _____ Day _____ Year _____
Place of birth _____
State or Canadian province _____ Country _____

FATHER/SECOND PARENT ATTRIBUTES – Please provide the following information about the Father/Second Parent.

Education: What is the highest level of education the father/second parent has completed?

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

Ethnicity: Is father/second parent of Hispanic origin? (e.g. Cuban, Mexican, Puerto Rican, etc.) Check one or more; do not leave blank.

- | | |
|--|---|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latina | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicana | <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (specify) |
| <input type="checkbox"/> Yes, Puerto Rican _____ | |

FATHER/SECOND PARENT ATTRIBUTES continued

Race: What is the father/second parent's race(s)? Please check one or more races to indicate what the father/second parent considers themselves to be.

American Indian or Alaskan Native
(specify tribe(s)) _____

- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian

- Samoan
- Vietnamese
- White
- Other Asian
(specify) _____

Other Pacific Islander
(specify) _____

Other
(specify) _____

PRENATAL

Principal payment for delivery

- Medicaid/OHP
- Private insurance
- Self-pay
- Indian Health Services
- Champus/Tricare
- Other government
- Other _____

Date of your last menses Month _____ Day _____ Year _____

Prenatal Care No prenatal care

First prenatal visit _____ Last prenatal visit _____ Total prenatal visits _____
Month Day Year Month Day Year

Previous live births

Currently living None Number _____ Previous live births now dead None Number _____

Date last live birth Month _____ Year _____

Other pregnancy outcomes None Number _____ Date of last other outcome Month _____ Year _____

INFORMANT

- Birth Mother
- Father
- Second Parent
- Other (specify relationship) _____

If other than parent, _____
First name Middle name Last name Suffix

I certify that the information provided on this form for the purpose of registering the birth is correct to the best of my knowledge.

_____ Date signed: _____
Informant's signature

Request that Social Security Number to be issued

Child's name

First Middle Last Suffix

Date of birth (Month – Day – Year) _____

Do you want a Social Security number issued to your child?

Yes No

Signature _____ Date signed _____

A Social Security number is required to claim the child on the parents' income tax return, to qualify for many state and federal programs, and other benefits. When a Social Security number is requested, federal law permits the Social Security Administration to forward the information of the parents and the child to the Internal Revenue Service for the purpose of determining income tax credits.

In addition, federal law requires the collection of parents' Social Security numbers at the time of the child's birth for child support purposes. This information will be provided to the Division of Child Support, Oregon Department of Justice.

Birth Mother's name

First Middle Last Suffix

Social Security number _____ None

Father/Second Parent's name (if listed on birth certificate)

First Middle Last Suffix

Social Security number _____ None

This form and only this form may be made a part of the permanent medical record to document the request that a Social Security number be issued.