

Your baby's birth certificate

(Center for Health Statistics)

Please complete this worksheet and return it to the hospital staff before you leave the hospital. The information collected on this worksheet is used to complete your baby's legal birth certificate, meet Oregon and federal law, and gather information that is used for public health.

Please answer every question.

Provide correct information for your baby's birth certificate

It is important that you provide **correct** names, dates of birth, and places of birth. Write in full names and make sure the spelling of the baby's name, the mother, and the other parent is **exactly** as you want it to appear on the birth certificate. *If you have not yet decided on your child's name, leave that field blank. Whatever you write down becomes your child's legal name.*

A legal birth certificate is not automatically ordered for you.

You can order a certified copy of the birth certificate from either your county vital records office (*within six months of the birth*) or from the State Center for Health Statistics. There is a \$25 fee for each certificate. Other fees may apply.

We recommend parents order a certified copy of the birth record within the first year to confirm that the information, including spelling, is correct.

Correcting your baby's birth certificate

If a correction is needed, please contact the State office for instructions. Visit the "Change a Record" menu of our website at HealthOregon.org/chs or call us at 971-673-1190. After one year of birth, the requirements for making changes are more complicated and require a \$35 amendment fee.

Information required by federal law

Federal law requires that parents' Social Security numbers be collected at the time of birth. This information is only for child support purposes and is not included on the birth certificate.

Information used for Public Health

There are many questions on the worksheet that will not appear on your child's birth certificate. The information you share is anonymous and is combined with other Oregon birth records. Each question has a purpose. The combined information tells us what problems women are having during their pregnancies. It also helps the Oregon Health Authority evaluate health equity, decide what services to offer, assess distribution of public health funding, and determine levels of need among groups of women. This is why we ask for information about race, ethnicity, language, and disability (REALD) as well as information about your education, number of prenatal visits, and many other detailed questions. Sharing your data with us will not impact any benefits you receive from the state. A video with REALD information can be found at: youtu.be/yuTZhMm0VsA.

Contact information (name, address, and telephone number) may be released for public health research. 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. Contact information might also be released to state agencies for the purpose of making parents aware of opportunities and programs relevant to your child.

Birth record parent worksheet

Please print neatly.



**OREGON
HEALTH
AUTHORITY**

Child's information

1. Child's legal name; exactly as you want it to appear on the birth certificate:

<i>First</i>	<i>Middle</i>	<i>Other middle</i>	<i>Last (list multiple names in this box)</i>	<i>Suffix (ex:Jr/II)</i>
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2. Date of birth

____/____/____
M M D D Y Y Y Y

3. Sex

Female Male
 Undetermined
 X

4. Do you want to request a Social Security number for the child? (If yes, complete attached authorization to establish Social Security number at birth.)

Yes No

Birth mother (the person who had the baby)

5. Mother's legal name:

<i>First</i>	<i>Middle</i>	<i>Last (list multiple names in this box)</i>	<i>Suffix</i>
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6. Mother's legal name prior to first marriage/legal name at birth:

Same as current legal name

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
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7. Date of birth

____/____/____
M M D D Y Y Y Y

8. Social Security number:

____-____-____
 Check if none

9. Birthplace (state/territory & country):

Birth mother's address

10. Mother's address of residence:

<i>Street address; PO Box</i>	<i>Apt/Unit/Space</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>ZIP</i>
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11. Mother's mailing address, if different:

<i>Street address; PO Box</i>	<i>Apt/Unit/Space</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>ZIP</i>
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12. Residence inside city limits?

Yes No

13. Primary phone number:

14. Secondary phone number:

Birth mother's demographics

15. What is the highest level of education the mother has completed?

<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> Some college; no degree	<input type="checkbox"/> Master's degree
<input type="checkbox"/> 9th–12th grade; no diploma	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Doctorate or professional degree
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> Bachelor's degree	

Please print neatly.

Race or ethnicity: complete both questions (16 and 17)

16. How does the mother identify their race, ethnicity, tribal affiliation, country of origin, or ancestry?

17a. Which of the following describes the mother's racial or ethnic identity? **Please check all that apply.**

If they select *Other* or *American Indian* and *Alaskan Native*, please provide additional information in the space provided for *Specify* or *Specify Tribe(s)*.

Hispanic and Latino/a/x:

- Central American
 - Mexican
 - South American
 - Cuban
 - Puerto Rican
 - Other Hispanic or Latino/a/x
Specify
- _____

Native Hawaiian and Pacific Islander:

- CHamoru (Chamorro)
 - Marshallese
 - Communities of the Micronesian Region
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander
Specify
- _____

White:

- Eastern European
 - Slavic
 - Western European
 - Other White
Specify
- _____

American Indian and Alaska Native:

- American Indian
 - Alaska Native
 - Canadian-Inuit, Metis, or First Nation
 - Indigenous Mexican, Central American, or South American
Specify Tribe(s)
- _____

Black and African American:

- African American
 - Afro-Caribbean
 - Ethiopian
 - Somali
 - Other African (Black)
Specify
- _____
- Other Black
Specify
- _____

Middle Eastern/North African:

- Middle Eastern
- North Africa

Asian:

- Asian Indian
 - Cambodian
 - Chinese
 - Communities of Myanmar
 - Filipino/a
 - Hmong
 - Japanese
 - Korean
 - Laotian
 - South Asian
 - Vietnamese
 - Other Asian
Specify
- _____

Not listed please specify:

Opt out options:

- Don't know
- Don't want to answer

17b. If the mother checked **more than one** category for racial or ethnic identity, is there **one** they think of as their **primary** racial or ethnic identity?

- Yes. **If yes, please circle the primary racial or ethnic identity from the choices listed above.**
- They do not have just one primary racial or ethnic identity.
- No. They identify as biracial or multiracial.
- N/A. They only checked one category.
- Don't know.
- Don't want to answer.

Please print neatly.

Language

18a. What language or languages does the mother use at home?

If the language or languages used at home are only English, American Sign Language, or sign language, skip the following questions and go to the "Mother functional limitations" section.

18b. What language would the mother prefer to use when communicating (*in person, phone, virtually*) with someone outside the home about important matters such as medical, legal, or health information?

18c. What language would the mother prefer to use to read important written information such as medical, legal, or health information?

18d. How well does the mother speak English?

- Very well Well Not well Not at all Don't know Don't want to answer

Mother functional limitations

The mother's answers will help us find health and service differences among people with and without functional difficulties. Their answers are confidential.	Yes If yes, at what age did this condition begin? <i>Write in "0" if since birth to age 1.</i>	No	Don't know	Don't want to answer	Don't understand question
19. Are they deaf or do they have difficulty hearing?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are they blind or have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Do they have difficulty walking or climbing stairs?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Because of a physical, mental, or emotional condition, do they have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Do they have difficulty dressing or bathing?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do they have serious difficulty learning how to do things most people their age can learn?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Using their usual (<i>customary</i>) language, do they have serious difficulty communicating (<i>for example understanding or being understood by others</i>)?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer 26 and 27 only if age 15 years and older.					
26. Because of a physical, mental, or emotional condition, do they have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do they have serious difficulty with the following: mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please print neatly.

Birth mother's health

28. Did they get WIC food for themselves during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Cigarettes Smoked Per Day <input type="checkbox"/> Check if none	
29. Height _____ ft. _____ in.	30a. Weight (pre-pregnancy) _____ lbs	30b. Weight (at delivery) _____ lbs	3 months <i>before</i> pregnancy # _____ of cigarettes 1st 3 months of pregnancy # _____ of cigarettes 2nd 3 months of pregnancy # _____ of cigarettes 3rd 3 months of pregnancy # _____ of cigarettes
32. Did they drink alcohol during this pregnancy? <input type="checkbox"/> Yes; average number of drinks per week? _____ <input type="checkbox"/> No			
33a. Did they go into labor planning to deliver at home or at a freestanding birthing center (<i>excludes hospital birthing center</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
33b. If yes, the planned primary attendant type at onset of labor was: <input type="checkbox"/> Traditional midwife <input type="checkbox"/> Certified nurse midwife <input type="checkbox"/> Naturopathic doctor <input type="checkbox"/> Medical doctor <input type="checkbox"/> Licensed direct entry midwife			

Legal relationship of parents

34a. Did the mother have a legal spouse or Oregon Registered Domestic Partner at conception, at delivery, or within 300 days prior to delivery?

Yes, mother was married at conception, at delivery, or within 300 days prior to delivery.
 Yes, mother was in an Oregon Registered Domestic Partnership at conception, at delivery, or within 300 days prior to delivery.
Choose one: No, mother was not married at conception, at delivery, or within 300 days prior to delivery.

34b. If the mother answered “**No**” to the question above, will the mother and the father sign a paternity acknowledgment to establish legal paternity at this time?
 Yes No, leave father’s information on birth record blank

Certified copies of birth records

Parents can request to receive either a “Mother/Father” format or a “Parent/Parent” format on their child’s birth certificate.

35. I want to receive: Mother/Father Parent/Parent

(Only complete this section if you answered “Yes” to any of the questions in the section “Legal relationship of parents” **and** you wish to include the father/second parent on the birth certificate. If the mother is married then they can **only** list their spouse or Oregon Registered Domestic Partner for the “Father/second parent” section below.)

36. Father/second parent’s name:

<i>First</i>	<i>Middle</i>	<i>Last (list multiple names in this box)</i>	<i>Suffix (ex: Jr/II)</i>
_____	_____	_____	_____

37. Date of birth ____/____/____ M M D D Y Y Y Y	38. Social Security number: ____-____-____ <input type="checkbox"/> Check if none	39. Birthplace (<i>state/territory & country</i>): _____
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Please print neatly.

Father/second parent demographics

40. What is the highest level of education the father/second parent has completed?

- | | | |
|---|--|---|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Some college; no degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> 9th–12th grade; no diploma | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctorate or professional degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Bachelor's degree | |

Race or ethnicity: complete **both** questions (41 and 42)

41. How does the father/second parent identify their race, ethnicity, tribal affiliation, country of origin, or ancestry?

42a. Which of the following describes the father/second parent's racial or ethnic identity? **Please check all that apply.** If they select *Other* or *American Indian* and *Alaskan Native*, please provide additional information in the space provided for *Specify* or *Specify Tribe(s)*.

Hispanic and Latino/a/x:

- Central American
 - Mexican
 - South American
 - Cuban
 - Puerto Rican
 - Other Hispanic or Latino/a/x
Specify
-

Native Hawaiian and Pacific Islander:

- CHamoru (Chamorro)
 - Marshallese
 - Communities of the Micronesian Region
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander
Specify
-

White:

- Eastern European
 - Slavic
 - Western European
 - Other White
Specify
-

American Indian and Alaska Native:

- American Indian
 - Alaska Native
 - Canadian-Inuit, Metis, or First Nation
 - Indigenous Mexican, Central American, or South American
Specify Tribe(s)
-

Black and African American:

- African American
 - Afro-Caribbean
 - Ethiopian
 - Somali
 - Other African (Black)
Specify
-
- Other Black
Specify
-

Middle Eastern/North African:

- Middle Eastern
- North Africa

Asian:

- Asian Indian
 - Cambodian
 - Chinese
 - Communities of Myanmar
 - Filipino/a
 - Hmong
 - Japanese
 - Korean
 - Laotian
 - South Asian
 - Vietnamese
 - Other Asian
Specify
-

Not listed please specify:

Opt out options:

- Don't know
- Don't want to answer

42b. If the father/second parent checked **more than one** category for racial or ethnic identity, is there **one** they think of as their **primary** racial or ethnic identity?

- Yes. **If yes, please circle the primary racial or ethnic identity from the choices listed above.**
- The father/second parent does not have just one primary racial or ethnic identity.
- No. The father/second parent identifies as biracial or multiracial.
- N/A. The father/second parent only checked one category.
- Don't know.
- Don't want to answer.

Please print neatly.

Language

43a. What language or languages does the father/second parent use at home?

If the language or languages used at home are only English, American Sign Language, or sign language, skip the following questions and go to the "Father/second parent functional limitations" section.

43b. What language would the father/second parent prefer to use when communicating (*in person, phone, virtually*) with someone outside the home about important matters such as medical, legal, or health information?

43c. What language would the father/second parent prefer to use to read important written information such as medical, legal, or health information?

43d. How well does the father/second parent speak English?

- Very well Well Not well Not at all Don't know Don't want to answer

Father/second parent functional limitations

The father/second parent answers will help us find health and service differences among people with and without functional difficulties. Their answers are confidential.	Yes If yes, at what age did this condition begin? <i>Write in "0" if since birth to age 1.</i>	No	Don't know	Don't want to answer	Don't understand question
44. Are they deaf or do they have difficulty hearing?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Are they blind or have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Do they have difficulty walking or climbing stairs?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Because of a physical, mental, or emotional condition, do they have serious difficulty concentrating, remembering, or making decisions?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Do they have difficulty dressing or bathing?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Do they have serious difficulty learning how to do things most people their age can learn?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Using their usual (<i>customary</i>) language, do they have serious difficulty communicating (<i>for example understanding or being understood by others</i>)?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer 51 and 52 only if father/second parent's age is 15 years and older.					
51. Because of a physical, mental, or emotional condition, do they have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. Do they have serious difficulty with the following: mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?	<input type="checkbox"/> age:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please print neatly.

Prenatal

53. Principal method of payment	<input type="checkbox"/> Self-pay	<input type="checkbox"/> Other government
<input type="checkbox"/> Medicaid/Oregon Health Plan	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Private insurance	<input type="checkbox"/> Champus/Tricare	

54. Date of last menses (<i>date of last period</i>):	55. Date of 1st prenatal care visit:
_____/_____/_____	_____/_____/_____ Total # of visits: _____
M M D D Y Y Y Y	M M D D Y Y Y Y

56. Previous live births (*does not include this baby*):

now living: _____ # now deceased: _____ Date of last live birth: ____/____/____

M M D D Y Y Y Y

57. Other pregnancy outcomes (*spontaneous or induced terminations or ectopic pregnancy*):

Combined # of other outcomes: _____ Date of last other outcome: ____/____/____

M M D D Y Y Y Y

Informant (person providing the information)

58a. Birth mother Father/second parent named on record Other (*specify relationship*): _____

58b. Informant's name (*If other than parent*):

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>

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

Informant's signature Date signed

Authorization to establish Social Security number at birth

(Parents may receive a copy of this page for their records upon request. This page is not a receipt.)

A Social Security number is required if you wish to claim your child on your income tax return, to qualify for many state and federal programs, and other benefits. The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent the Social Security Administration (SSA) from issuing your child a Social Security number and card.

Under contract with SSA, your signature on this page authorizes the State of Oregon, Center for Health Statistics to submit to the SSA a request for a Social Security number to be assigned for your child. This page is not intended for any other use, such as proof that a Social Security number has been requested. **To obtain proof that you have requested a Social Security card, ask the hospital staff for a receipt, form SSA-2853** (available in English and Spanish).

Child's name

First Middle Last Suffix

Date of birth: ____/____/_____
M M D D Y Y Y Y

Do you want a Social Security number issued to your child? Yes No

Mother's current legal name (as appears on child's birth certificate)

First Middle Last Suffix

Signature Date signed (MM/DD/YYYY)

Facilities, midwives, and home birth parents fax this form to 971-673-3122.

Hospital staff may provide the parent(s) a copy of this page upon request. Please instruct the parent(s) that this page is not intended as proof that a Social Security number has been requested. If they require proof of request for enumeration at birth provide them with receipt (form SSA-2853). No agency other than the Center for Health Statistics should be provided with a copy of the page or any information from the report of live birth or worksheets. Direct all agency requests for information on birth or Social Security numbers to the Center for Health Statistics at CHS.Registration@oha.oregon.gov or 971-673-1190.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Center for Health Statistics at CHS.Registration@oha.oregon.gov or 971-673-1190. We accept all relay calls.