

For Hospital Use Only: Mother's Medical Record # _____ Mother's Name _____ Newborn's Date of Birth _____ Newborn's Medical Record # _____

Birth Parent's Worksheet

Ohio Department of Health Bureau of Vital Statistics

The information you provide below will be used to create your child's birth certificate and will be used for other public health purposes. The birth certificate is a document that will be used for important purposes including proving your child's age, citizenship and parentage. The birth certificate will be used by your child throughout his/her life.

It is very important that you provide complete and accurate information to all of the questions. In addition, this information is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as education, race, and smoking will be used for studies but will not appear on copies of your child's birth certificate (unless requested by a person listed on the certificate). State of Ohio law provides protection against the unauthorized release of health and medical information, but mandates the release of identifying information from the birth certificate under public record law.

Please print clearly in black or dark blue ink. If needed, please ask hospital staff for help.

BABY'S INFORMATION

1. Baby's Legal Name As It Should Appear On The Birth Certificate

Notice: You may name your baby whatever you want; however, it will take a legal change of name court order to change it after registration. Only hyphens (-) and apostrophes (') will be printed as part of the birth record.

First	Middle, if any	Last	Generational suffix (if any)
Newborn's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth / /	Was this delivery a: <input type="checkbox"/> Single birth <input type="checkbox"/> Multiple birth
If multiple, this worksheet is for baby: <input type="checkbox"/> (First born) <input type="checkbox"/> (Second born) <input type="checkbox"/> (Third born) <input type="checkbox"/> (Fourth born)			

BIRTH PARENT INFORMATION

PREFERRED PARENTAGE TITLE (Check one)

Mother Father Parent

GENDER (Check one)

Female Male

2. Birth Parent Current Legal Name

First	Middle, if any	Last
What was your last name prior to your first marriage or your last name as it appears on your birth record if you were never married.		

3. Birth Parent Current Residence (Actual physical location of where you live)

Street Address (Street Name and Number)		Address Line 2/Apt. Number	
Country (United States or Name of Foreign Country)		State, U.S. Territory, or Canadian Province	
County	City		Zip Code
Is your current residence located within the city limits? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			

4. Birth Parent Mailing Address Same as resident (Check if the mailing and residence addresses are the same, then go to Item #5)

Complete below only if the birth parent mailing address is different from the residence address

Street Name and Number and /or P.O. Box Number		Address Line 2/Apt. Number
Country (United States or Name of Foreign Country)		State, U.S. Territory, or Canadian Province
County	City	Zip Code

5. Birth Parent Phone Information

Primary ()	Secondary ()	Type of Contact <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Relative <input type="checkbox"/> Work
<input type="checkbox"/> I do not have a phone number where I can be contacted		

6. Birth Parent Date of Birth

Month	Day	Year	Current Age
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7. Birth Parent Place of Birth (Please check only one and write in the state, province or foreign country).

<input type="checkbox"/> U.S. State or Territory _____	<input type="checkbox"/> Canada/Province _____	<input type="checkbox"/> Other Foreign Country _____
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8. What is the highest level of schooling that you have completed? (Check one)

<input type="checkbox"/> Grade 8 or Less	<input type="checkbox"/> Associates Degree (e.g., AA, AS)
<input type="checkbox"/> Grade 9-12 With No Diploma	<input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS)
<input type="checkbox"/> High School Graduate or GED Completed	<input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)
<input type="checkbox"/> College Credit, But No Degree	<input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) or Professional Degree (e.g., MD, DO, DDS, LLP, DVM, JD)

9. Are you of Spanish/Hispanic/Latina Origin? (Check all that apply)

<input type="checkbox"/> No, not Spanish/Hispanic/Latina
<input type="checkbox"/> Yes (Check one) <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____
<input type="checkbox"/> Unknown

10. What is your race? (Check all that apply)

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

11. Did you receive WIC (Women's Infant & Children) assistance during this pregnancy? Yes No

12. What is your current height?

Feet _____ Inches _____

13. What was your weight before pregnancy? _____

14. How many cigarettes or packs of cigarettes did you smoke on an average day for each of the time periods?
If you never smoked enter zero (0) for # of cigarettes for each time period.

Three months before pregnancy # of cigarettes _____	OR # of packs of cigarettes _____
First three months of pregnancy # of cigarettes _____	OR # of packs of cigarettes _____
Second three months of pregnancy # of cigarettes _____	OR # of packs of cigarettes _____
Last three months of pregnancy # of cigarettes _____	OR # of packs of cigarettes _____

15. How many alcoholic beverages did you consume on an average day during the following time periods?
If you never drank, enter zero (0) for # of drinks for each time period.

Number Of Drinks	
Three months before pregnancy _____	First three months of pregnancy _____
Second three months of pregnancy _____	Last three months of pregnancy _____

16. Birth Parent's Marital Status – Required to Register Birth Record and to Establish Parentage

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?
16a. <input type="checkbox"/> Yes
16b. <input type="checkbox"/> Yes, but I can provide legal documentation (court order, separation agreement, journal entry, divorce decree) stating my husband is not to be listed as the father of my child. [Please go to Question #17]. This documentation is subject to approval by the Ohio Department of Health, Bureau of Vital Statistics.
16c. <input type="checkbox"/> Yes, but I refuse to provide my husband's name as the father of my child. [Please go to Question #24]. *Please note that under State of Ohio law, by refusing to complete your husband's information, your child's birth certificate will not be registered as a legal document and your child's birth information will not be electronically transmitted for a Social Security number to be issued.
16d. <input type="checkbox"/> No, [Please go to Question #17]

17. Has a paternity acknowledgment been completed? (That is, have you and the other parent signed an Affidavit of Paternity form in which the father accepted legal responsibility for the child?)

<input type="checkbox"/> Yes [Please go to Question #18]
<input type="checkbox"/> No [Please go to Question #24.] If you were not married, or if an Affidavit of Paternity form has not been completed, information about the father cannot be included on the birth certificate.

SECOND PARENT INFORMATION

PREFERRED PARENTAGE TITLE (Check one)

GENDER (Check one)

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Parent	<input type="checkbox"/> Female	<input type="checkbox"/> Male
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18. Second Birth Parent Current Legal Name

First	Middle, if any	Last	Generational suffix (if any)
What was your last name prior to your first marriage or your last name as it appears on your birth record if you were never married.			

19. Second Parent Date of Birth

Month	Day	Year	Current Age
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20. Second Parent Place of Birth (Please check only one and write in the state, province or foreign country).

<input type="checkbox"/> U.S. State or Territory _____	
<input type="checkbox"/> Canada/Province _____	<input type="checkbox"/> Other Foreign Country _____

21. What is the highest level of schooling of the second parent? (Check one)

<input type="checkbox"/> Grade 8 or Less	<input type="checkbox"/> Associates Degree (e.g., AA, AS)
<input type="checkbox"/> Grade 9- 12 With No Diploma	<input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS)
<input type="checkbox"/> High School Graduate or GED Completed	<input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, Med, MSW, MBA)
<input type="checkbox"/> College Credit, But No Degree	<input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) or Professional Degree (e.g., MD, DO, DDS, LLP, DVM, JD)

22. Is the second parent of Spanish/Hispanic/Latino origin? (Check all that apply)

<input type="checkbox"/> No, not Spanish/Hispanic/Latino
<input type="checkbox"/> Yes (Check one) <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____
<input type="checkbox"/> Unknown

23. What is your race? (Check all that apply)

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

Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405c section 205c of the Social Security Act. The number(s) will be made available to the State Social Services Agency to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance. The SSN is also collected as authorized by Ohio law to be used for public health purposes.

24. What is your Social Security Number? If you do not have a Social Security Number, please mark "None".

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None

25. If a second parent was listed on the form, what is the Second Parent's Social Security Number? If the second parent does not have a Social Security Number, please mark "None".

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None

26. Do you want a Social Security Number issued for your child?

Yes (Please sign request below)*

No (Go to Question #27)

I request that the Social Security Administration assign a Social Security Number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number.

I understand that if I was married at any time during the 300 days prior to the birth of my child; and I refuse to list my husband as the father; and do not have legal documentation (court order, separation agreement, journal entry, divorce decree) stating that my husband is not to be listed as the father of my child, my child's birth information will not be electronically transmitted to receive a Social Security number.

*Signature of Birth Parent

Date

27. What is the relationship of the person providing information for this worksheet?

Birth Parent Second Parent

Other, Please Specify _____

28. What is the birth parent's primary language (that is, what language do you feel the most comfortable speaking)?

English Spanish Somali

Other, please specify _____

Please return your completed Birth Parent's Worksheet, Facility Worksheet, Pregnancy/Infant Verification and Proof of Residency Documentation in person or by mail to:

Summit County Public Health
Vital Statistics Program
Office of Birth and Death Records

1867 West Market Street

Akron, Ohio 44313

Monday - Friday

8:00am - 4:00pm

Phone: 330-812-3845 / Fax: 330-752-7795

Electronically submit documents to:
vitalsdocumentation@schd.org

OR