

# Mother's Worksheet for Child's Birth

For hospital use only:  
Mother's Medical Record # \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Newborn's Date of Birth \_\_\_\_\_  
Newborn's Medical Record # \_\_\_\_\_

The information you provide below will be used to create your child's birth certificate as well as 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 in 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.

Newborn's Sex  Male  Female  Undetermined

Newborn's Date of Birth \_\_\_\_\_

Was this delivery a:  single birth  multiple birth (twins, triplets, etc.)

If multiple, this worksheet is for baby:  A (first born)  B (second born)  C (third born)  D (fourth born)

**1. What will be your baby's legal name (as it should appear on the birth certificate)? Special accents, excluding numbers, are allowed on your child's name. Please note that other government agencies (such as social security), will not be able to accommodate these special characters when reprinting your child's name.**

\_\_\_\_\_  
First Middle Last Suffix  
 Name not yet chosen

**2. What is your current legal name?**

\_\_\_\_\_  
First Middle Last Suffix

**3. What was your last name prior to your first marriage (maiden name, surname, family name, or your name as it appears on your birth certificate)?**

\_\_\_\_\_  
Maiden Name/Surname

**4. Where do you usually live - that is - where is your household/residence located?**

United States or Canada  Outside of the United States\*

\*If **NOT** United States or Canada, *country*: \_\_\_\_\_ [Please go to Question #6]

If United States or Canada, please list your state, Province, or U.S. territory: \_\_\_\_\_

County (if applicable): \_\_\_\_\_

City, Town, or Township: \_\_\_\_\_

Street address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_

**5. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)?**

Yes  No  Don't know

**6. What is your mailing address? This is the address where your child's Social Security card will be sent if requested.**

Same as residence [Go to Question #7]

Complete number and street: \_\_\_\_\_

Apartment Number: \_\_\_\_\_ P. O. Box. \_\_\_\_\_

City, Town, or Location: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code or Postal Code: \_\_\_\_\_

(or U.S. Territory, Canadian Province)

If not in the United States, *country* \_\_\_\_\_

**7. What is the telephone number that someone can contact you at?**

Primary Phone Number: \_\_\_\_\_  
Area Code Phone Number

Secondary Phone Number: \_\_\_\_\_  
Area Code Phone Number

I have no phone number where I can be contacted.

- work phone number
- cell phone number
- relative

**8. What is your date of birth? (Example: 03 - 24 - 1977 for March 24, 1977)**

\_\_\_\_\_  
Month Day Year

Unknown

**9. In what State, U.S. territory, or foreign country were you born? Please specify one of the following:**

If born in the United States or US Territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern or the Marianas), please list the state or U.S. Territory: \_\_\_\_\_

or, If born outside of the United States, please list the foreign country \_\_\_\_\_

Unknown

**10. What is the highest level of schooling that you will have completed at the time of delivery?**

- 1. 8<sup>th</sup> grade or less
- 2. No diploma, 9<sup>th</sup> – 12<sup>th</sup> grade
- 3. High school graduate or GED completed
- 4. Some college credit, but no degree
- 5. Associate's degree (e.g. AA, AS)
- 6. Bachelor's degree (e.g. BA, AB, BS)
- 7. Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- 8. Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS)
- 9. Unknown

**11. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box or boxes.**

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban

- Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Colombian)  
(specify) \_\_\_\_\_
- Unknown

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

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)  
\_\_\_\_\_
- Asian Indian (e.g. Cambodian, Vietnamese, Laotian)
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify)  
\_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify)  
\_\_\_\_\_
- Other (specify)  
\_\_\_\_\_
- Unknown

**13. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?**

- No
- Yes
- Unknown

**14. What is your height?**

\_\_\_\_\_ feet \_\_\_\_\_ inches  Unknown

**15. What was your pre-pregnancy weight, that is, your weight before you became pregnant with this child?**

\_\_\_\_\_ lbs  Unknown

**16. How many cigarettes OR packs of cigarettes did you smoke on a typical day during each of the following time periods? If you NEVER smoked, enter zero (0) for # of cigarettes for each time period.**

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

**17. How many alcoholic beverages did you consume on a typical day during each of the following time periods? If you NEVER drank, enter zero (0) for # of drinks for each time period.**

	# of drinks
Three months before pregnancy	_____
First three months of pregnancy	_____
Second three months of pregnancy	_____
Third trimester of pregnancy	_____

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

1.  Yes **[Please go to Question #19]**
2.  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 #18B]**
3.  Yes, but I refuse to provide my husband's name as the father of my child\***[Please go to Question #25]**  
*\*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.*
4.  No **[Please go to Question #18B]**

**18B** Has a paternity acknowledgment been completed? (That is, have you and the father signed an Affidavit of Paternity form in which the father accepted legal responsibility for the child?)

- Yes **[Please go to Question #19]**
- No **[Please go to Question #25]** *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.*

**19. What is the current legal name of your child's father – that is – his name as it appears on his birth certificate?**

_____	_____	_____	_____
First	Middle	Last	Suffix

**20. What is the father's date of birth? (Example: 03 - 24 - 1977 for March 24, 1977)**

_____	_____	_____	<input type="checkbox"/> Unknown
Month	Day	Year	

**21. In what State, U.S. territory, or foreign country was the father born? Please specify one of the following:**

If born in the United States or US Territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern or the Marianas), please list the state or U.S. Territory: \_\_\_\_\_

or, If born outside of the United States, please list the foreign country \_\_\_\_\_

Unknown

**22. What is the highest level of schooling that the father will have completed at the time of delivery?**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. 8<sup>th</sup> grade or less</li> <li><input type="checkbox"/> 2. No diploma, 9<sup>th</sup> – 12<sup>th</sup> grade</li> <li><input type="checkbox"/> 3. High school graduate or GED completed</li> <li><input type="checkbox"/> 4. Some college credit, but no degree</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 5. Associate's degree (e.g. AA, AS)</li> <li><input type="checkbox"/> 6. Bachelor's degree (e.g. BA, AB, BS)</li> <li><input type="checkbox"/> 7. Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</li> <li><input type="checkbox"/> 8. Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS)</li> <li><input type="checkbox"/> 9. Unknown</li> </ul> |
|---|---|

**23. Is the father Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box or boxes.**

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Colombian)  
(specify) \_\_\_\_\_
- Unknown

**24. What is the father's race? Please check one or more races to indicate what he considers himself to be.**

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)  
\_\_\_\_\_
- Asian Indian (e.g. Cambodian, Vietnamese, Laotian)
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify)  
\_\_\_\_\_
- Other (specify)  
\_\_\_\_\_
- Unknown

**25. Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405(c)(section 205(c) 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 use for public health purposes.**

25a. What is your Social Security Number? IF you do not have a Social Security Number, please mark "None".

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None

25b. What is the father's Social Security Number? If you are not married AND an Acknowledgement of Paternity has not been completed, please leave this item blank. If the father does not have a Social Security Number, please mark "None".

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None

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

- Yes [Please sign request below]
- No [Go to Question #27]

**26b. 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 mother \_\_\_\_\_ Date \_\_\_\_\_

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

- Mother of the child
- Father of the child
- Other, please specify \_\_\_\_\_

**28. What is your primary language – that is – what language do you feel the most comfortable speaking?**

- English
- Spanish
- Somali
- Other, please specify \_\_\_\_\_

**Please return your completed birth certificate worksheet to:**