

BIRTH CERTIFICATE WORKSHEET

OFFICE USE ONLY

Please print clearly and answer ALL items on this form in blue or black ink. After completing, please return promptly for review.

Medical Record #: _____
Date/Time of Birth: _____
Sex: _____ If plural, # _____ of _____

CHILD'S INFORMATION

Child Name (Legal Name to Appear on Birth Certificate)

First _____ Middle _____ Last _____ Suffix _____

Do you want a Social Security Number for this child? Yes No

Current Legal Name

MOTHER/PARENT A'S INFORMATION

First _____ Middle _____ Last _____ Suffix _____

Maiden Name (Full Name Given at Birth or on Birth Certificate):

First _____ Middle _____ Last _____ Suffix _____

SSN# _____ Birth Place (State/Country) _____ Date of Birth ____/____/____ (MM/DD/YYYY)

Mother/Parent A's Residence Address Information

Street Address _____ Apt _____ City/Town _____ Zip _____

State/Country _____ Municipality _____ County _____

Phone # _____ Does Mother/Parent A Reside within City Limits? Yes No Residing at current residence for: Years _____ Months _____Mailing Address - Same as Residence? Yes No, Specify

Street Address _____ Apt _____ City/Town _____ Zip _____

State/Country _____ Municipality _____ County _____

Mother/Parent A's Marital Status

- Never Married Married Married, Husband Info Refused Widowed, 300 Days or More Divorced, 300 days or More
 Check here to request a **Certificate of Parentage** if Mother/Parent A is NOT married to the father of the baby

Mother/Parent A's Education and Employment (Describe the highest degree or level of school completed)

- 8th grade or less Associate degree (e.g., AA, AS)
 Some college credit but no degree Bachelor's degree (e.g., BA, AB, BS)
 9th-12th grade, no diploma Master's degree (e.g., MA, MS, MEng, MSW, MBA)
 High school graduated GED completed Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Mother/Parent A's Business/Industry _____ Mother/Parent A's Occupation _____

Was Mother/Parent A Employed during the past year? Yes No

Employer Name _____

Employer Street Address _____ Employer City _____

Employer Zip _____ Employer State/Country _____ Employer County _____

Mother/Parent A's Hispanic Origin

- No, not Spanish/Hispanic/Latino Yes, Puerto Rican Yes, other Spanish/Hispanic/Specify _____
 Yes, Mexican, Mexican American, Chicano Yes, Cuban Refused

Mother/Parent A's Race

- White Chinese Vietnamese Samoan
 Black or African American Filipino Other Asian (Specify) _____ Other Pacific Islander (Specify) _____
 American Indian or Alaska Native (Tribe) _____ Japanese Native Hawaiian Other (Specify) _____
 Asian Indian Korean Guamanian or Chamorro Refused

What language would be best to use when giving you information about your baby's health care?

- English Spanish Hindi Mandarin Chinese Haitian Creole Portuguese Other (Specify) _____

What is the future source of care and immunizations for your baby?

- Private Physician HMO/Health Plan HealthStart Community Health Center Hospital's Clinic Other Clinic None Other (Specify) _____

FATHER/PARENT B'S INFORMATION

[] Father/Parent B's Information not provided

Father/Parent B's Name:

First _____ Middle _____ Last _____ Suffix _____

SSN# ____ - ____ - ____ Birth Place (State/Country) _____ Date of Birth ____ / ____ / ____ (MM/DD/YYYY)

Father/Parent B's Residence Address Information

Is Father/Parent B's Residence same as Mother/Parent A's Residence? [] Yes [] No, Specify

Street Address _____ Apt _____ City/Town _____ Zip _____

State/Country _____ Municipality _____ County _____

Phone Number _____

Mailing Address - Same as Residence? [] Yes [] No, Specify

Street Address _____ Apt _____ City/Town _____ Zip _____

State/Country _____ Municipality _____ County _____

Father/Parent B's Education and Employment (Describe the highest degree or level of school completed)

- [] 8th grade or less [] Associate degree (e.g., AA, AS)
 [] Some college credit but no degree [] Bachelor's degree (e.g., BA, AB, BS)
 [] 9th-12th grade, no diploma [] Master's degree (e.g., MA, MS, MEng, MSW, MBA)
 [] High school graduated GED completed [] Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Father/Parent B's Business/Industry _____ Father/Parent B's Occupation _____

Was Father/Parent B Employed during the past year? [] Yes [] No

Employer Name _____

Employer Street Address _____ Employer City _____

Employer Zip _____ Employer State/Country _____ Employer County _____

Father/Parent B's Hispanic Origin

- [] No, not Spanish/Hispanic/Latino [] Yes, Puerto Rican [] Yes, other Spanish/Hispanic/Specify _____
 [] Yes, Mexican, Mexican American, Chicano [] Yes, Cuban [] Refused

Father/Parent B's Race

- [] White [] Chinese [] Vietnamese [] Samoan
 [] Black or African American [] Filipino [] Other Asian (Specify) _____ [] Other Pacific Islander (Specify) _____
 [] American Indian or Alaska Native (Tribe) _____ [] Japanese [] Native Hawaiian [] Other (Specify) _____
 [] Asian Indian [] Korean [] Guamanian or Chamorro [] Refused

INSURANCE INFORMATION

Principal Source of Payment: [] Medicaid/NJ Family Care [] Self-Pay/Charity Care [] Private Insurance [] Unknown [] Other _____

Insurance Policy Holder: [] Mother [] Father [] Both

Mother/Parent A's Insurance Provider: _____ Father/Parent B's Insurance Provider: _____

Mother/Parent A Insurance Policy number: _____ Father/Parent B's Insurance Policy number: _____

Did you participate in WIC during pregnancy? [] Yes [] No If yes, what was your WIC Number? _____

INFORMANT'S INFORMATION

First _____ Middle _____ Last _____

Relationship to Child _____ Signature _____ Date signed ____ / ____ / ____ (MM/DD/YYYY)