

## Mother's Worksheet for Child's Birth

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used by your child throughout his/her life for legal purposes to prove age and citizenship. State law provides protection against unauthorized release of identifying information from the birth certificates to ensure confidentiality of the parents and their child.

Please complete and provide accurate information to all questions. Information on the birth certificate is used by health and medical researchers to study and improve the health of new mothers and newborn infants. Items such as the parent's race, education and smoking will not appear on copies of the birth certificate issued to you or your child.

Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC405(c) (section 205(c) of the Social Security Act). The number(s) will be made available to the Nebraska Department of Health and Human Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance, if necessary.

**Mother's Current Legal Name?**

**Social Security Number:** \_ \_ \_ - \_ \_ - \_ \_ \_ \_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Mother's Name at Birth? (mother's name on her current birth certificate)**

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**What will be the Child's Name?**

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Mother's Residence** (Where do you usually live -- that is -- where is your household/residence located)?

State, U.S Territory or Canadian Province: \_\_\_\_\_

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

Street and Number (No rural route or PO Box): \_\_\_\_\_

Apt. Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Inside City Limits? Yes or No (Circle one)

If not in the United States, enter country: \_\_\_\_\_

Mother's Medical Record Number (hospital use only): \_\_\_\_\_

**Mother's Mailing Address** (Complete only if different than residence)

State, U.S Territory or Canadian Province: \_\_\_\_\_

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

Street and Number: \_\_\_\_\_

Apt. Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If not in the United States, enter country: \_\_\_\_\_

**Mother's Telephone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Mother's Date of Birth:** (Example 3-4-1989) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Write in unknown if the mother's birth information is not known).

**Mother's Birth Place:** (In what City and State, U.S. territory, or foreign country were you born)? Specify one of the following:

City: \_\_\_\_\_ and State: \_\_\_\_\_ or

U.S. territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas):

\_\_\_\_\_ or Foreign Country: \_\_\_\_\_

**Mother's Education: What is the highest level of schooling that you will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).**

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

**Mother of Hispanic Origin? Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.**

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

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

- |   |   |
|---|---|
| <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 (name of enrolled or principal tribe) _____ | <input type="checkbox"/> Other Asian (specify) _____            |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Native Hawaiian                        |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Guamanian or Chamorro                  |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Samoan                                 |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
|   | <input type="checkbox"/> Other (specify) _____                  |

Mother's Medical Record Number (hospital use only): \_\_\_\_\_

Did Mother get WIC food for herself during this pregnancy? (Circle one): Yes No Don't know

Mother's Height (In Feet and Inches) \_\_\_\_\_

Mother's Pre-Pregnancy Weight (Weight before this pregnancy): \_\_\_\_\_ pounds

Mother's Cigarette Smoking Before and During Pregnancy. How many cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.

- Three Months before Pregnancy: \_\_\_\_\_
- First Three Months of Pregnancy: \_\_\_\_\_
- Second Three Months of Pregnancy: \_\_\_\_\_
- Third Trimester of Pregnancy: \_\_\_\_\_

Was Mother Married at Conception, Birth, or any time in between? (Circle one): Yes No  
If Yes, go to the Father/Parent Name. If No, please continue with the next question.

If not married, has a paternity acknowledgment been completed for this child? That is, have you and the father signed a form in which the father accepted legal responsibility for the child?

If you are not married, and a paternity acknowledgment has not been completed, information about the father cannot be included on the birth certificate.

Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the State Vital Statistics Office.

\_\_\_ Yes, a paternity acknowledgment has been completed

Is consent given to enter the name of the father on the birth certificate? (Circle one): Yes No  
If yes, Go to the Father/Parent Legal Name. If no, skip to the Social Security Number Permission statement and complete the rest of the form.

\_\_\_ No, a paternity acknowledgment has not been completed (Skip to the Social Security Number Permission statement and complete the rest of the form)

Father/Parent Legal Name: Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Father/Parent Name at Birth: Sex of Father/Parent (Circle one): Male Female

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Father/Parent Date of Birth? (Example: 3 -4 - 1976) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Write in unknown if the father/parent birth information is not known).

Mother's Medical Record Number (hospital use only): \_\_\_\_\_

**Father/Parent Birth Place:** (In what City and State, U.S. territory, or foreign country was the father born)?  
Specify one of the following:

City: \_\_\_\_\_ and State: \_\_\_\_\_ or

U.S. territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas):

\_\_\_\_\_ or Foreign Country: \_\_\_\_\_

**Father/Parent Education: What is the highest level of schooling that the father/parent will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).**

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

**Father/Parent of Hispanic Origin? Is the Father/Parent Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box.**

- 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) \_\_\_\_\_

**Father/Parent Race(s): What is the Father/Parent race? (Please check one or more races to indicate what you consider yourself to be).**

- |   |   |
|---|---|
| <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 (name of enrolled or principal tribe) _____ | <input type="checkbox"/> Other Asian (specify) _____            |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Native Hawaiian                        |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Guamanian or Chamorro                  |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Samoan                                 |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
|   | <input type="checkbox"/> Other (specify) _____                  |

**Is permission given to provide the Social Security Administration (SSA) information from this form to assign a Social Security Number to the child and issue a SSA card? (Circle one) Yes No**

*I, the undersigned, hereby certify that the information I have supplied is a true and correct representation of the facts to the best of my knowledge as in accordance with Nebraska Revised State Statute 71-649.*

**Informant Name:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_

**Informant Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

Mother's Medical Record Number (hospital use only): \_\_\_\_\_