Oregon Health Authority
Center for Health Statistics

[Parents - keep this page for your records.]

Your Baby's Birth Certificate

Please complete the following worksheet and return it to the hospital staff. **Please answer every question** to the best of your knowledge. The information collected on this worksheet is used to complete the legal portion of your baby's birth certificate, fulfill requirements of federal law; and gather medical information that is used for public health.

Be careful to provide correct information for your baby's birth certificate - It is very important that you provide correct names, dates of birth, and places of birth. Please use 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.

PLEASE NOTE:
A LEGAL BIRTH CERTIFICATE IS NOT AUTOMATICALLY ORDERED FOR YOU.
You can order a certified copy of the birth certificate from either the county vital records office (within 6 months of the birth) or from the State Center for Health Statistics.

Ordering certified copies of the birth certificate - We recommend parents **order a certified copy of the birth within the first year** to review for accuracy.The first time you order a certified copy of the birth certificate, please confirm that the information, including spelling, is correct.

Correcting your baby's birth certificate - If a correction is needed, mail or fax a request for amendment instructions to the State office. Oregon Vital Records, PO Box 14050, Portland, OR 97239-0050; Fax # 971-673-1201. More instructions can be found at http://healthoregon.org/chs

The best time to find and correct errors on the birth certificate is within the first year of your child's birth. After one year from date of birth, the requirements for making corrections and changes to records are more complicated and usually 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 support enforcement purposes and is not included on the birth certificate.

Medical information used for Public Health - There are many questions on the 'Certificate of Live Birth' form (filed by the hospital) that will not appear on the birth certificate of your child. Your medical information is anonymous and combined with records of other births in Oregon. The combined information tells us problems women are having during their pregnancies, helps agencies decide what services to offer, and the levels of need among groups of women. This is why we ask for information about race, ethnicity, education, number of prenatal visits, and many other detailed questions.

Infrequently, contact information (name, address, and telephone number) might 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.

Thank you for your help.

Oregon Health Authority
Center for Health Statistics

Birth Record
PARENT WORKSHEET

CHILD *(Page 1 of 2)*

Legal name as you want it to appear on the birth certificate
First | Middle | Other Middle | Last | Suffix

Date of Birth ___/___/_____ (MM DD YYYY)

Sex ☐ Male ☐ Female ☐ Undetermined

Do you want to request a social security number for the child? (complete attached authorization to establish social security number at birth) ☐ Yes ☐ No

BIRTH MOTHER

Your Current Legal Name
First | Middle | Other Middle | Last | Suffix

Maiden Name/Legal Name Prior to First Marriage ☐ Check if the same as current legal name
First | Middle | Other Middle | Last | Suffix

Date of Birth ___/___/_____ (MM DD YYYY)

Social Security Number ☐ Check if none

Birthplace State | Country

MOTHER'S ADDRESS

Mother's Residence Address
No. & Street | Apt/Unit/Space | City | County | State | ZIP

Mother's Mailing Address (if different)
No. & Street or PO Box | Apt/Unit/Space | City | County | State | ZIP

☐ Same as residence

Residence inside City Limits? ☐ Yes ☐ No

Primary Telephone Number

Secondary Telephone Number

MOTHER'S ATTRIBUTES

Education: What is the highest level of education you have completed?

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school diploma or GED
- ☐ Some college credit but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate or Professional degree

Hispanic Origin: Are you of Hispanic origin? (Check all that apply. Please do not leave blank.)

- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican-American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Hispanic Origin (specify):_____
- ☐ Unknown

Race: What is your race? (Check all that apply. Please do not leave blank.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
  (specify tribe(s))_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify)_____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify)_____
- ☐ Other (specify)_____
- ☐ Unknown

MOTHER'S HEALTH

Did you get WIC food for yourself during pregnancy? ☐ Yes ☐ No

Height	Weight (Pre-pregnancy)	Weight (At delivery)
____ ft ____ in.	____ lbs	____ lbs

Cigarette Smoking ☐ Check if none

	Number per day
3 months before pregnancy	#_____ Cigarettes
1st 3 months of pregnancy	#_____ Cigarettes
2nd 3 months of pregnancy	#_____ Cigarettes
3rd 3 months of pregnancy	#_____ Cigarettes

Did you drink alcohol during this pregnancy? ☐ Yes ☐ No If yes, average number of drinks per week?

Did you go into labor planning to deliver at home or at freestanding birthing center? ☐ Yes ☐ No

If yes, the planned primary attendant type at onset of labor was: ☐ Midwife (not licensed) ☐ Certified Nurse Midwife ☐ Licensed Direct Entry Midwife ☐ Naturopathic Doctor ☐ Medical Doctor

Last revised: Dec. 2015

Hospital Staff

No individual or agency other than the Center for Health Statistics should be provided with a copy of this worksheet.

LEGAL RELATIONSHIP OF PARENTS *(Page 2 of 2)*

Did you have a legal spouse or Oregon registered domestic partner at conception, at delivery, or within 300 days prior to delivery? ☐ Yes ☐ No

If so, were you married? ☐ Yes ☐ No

If not married, were you in an Oregon Registered Domestic Partnership? ☐ Yes ☐ No

If you answered "no" to all of the questions above, will you and the father sign a paternity acknowledgment to establish legal paternity at this time? ☐ Yes ☐ No

FATHER/SECOND PARENT (Only complete this section if you answered "yes" to any of the questions in the section above, "Legal Relationship of Parents" ***AND*** you wish to include the father/second parent on the birth certificate. **)**

Father/Second Parent's Name
First Middle Other Middle Last Suffix

Date of Birth	Social security number ☐ Check if none	Birthplace State Country
___/___/___ MM DD YYYY		

FATHER/SECOND PARENT'S ATTRIBUTES

Education: What is the highest level of education the father/second parent has completed?

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school diploma or GED
- ☐ Some college credit but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate or Professional degree

Hispanic Origin: Is the father/second parent of Hispanic origin? (Check all that apply. Please do not leave blank.)

- ☐ No, not Spanish/Hispanic/Latina
- ☐ Yes, Mexican, Mexican-American, Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Hispanic Origin (specify):_____
- ☐ Unknown

Race: What is the father/second parent's race? (Check all that apply. Please do not leave blank.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (specify tribe(s))_____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (specify) _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander (specify)_____
- ☐ Other (specify) _____
- ☐ Unknown

PRENATAL

Principal Method of Payment

- ☐ Medicaid/Oregon Health Plan
- ☐ Private insurance
- ☐ Self-pay
- ☐ Indian Health Services
- ☐ Champus/Tricare
- ☐ Other government
- ☐ Other: _____

Date of last menses	Prenatal Care	**Previous** live births	Other Pregnancy Outcomes
___/___/___ MM DD YYYY	Date of 1st visit ___/___/___ MM DD YYYY Total # of visits _____	# now living _____ # now deceased _____ Date of last live birth ___/___ MM YYYY	(Spontaneous or induced terminations or ectopic pregnancy) # of other outcomes_____ (combined #) Date of last other outcome ___/___ MM YYYY

INFORMANT

☐ Birth mother ☐ Father/Second Parent named on record ☐ Other (specify relationship):

If other than parent, Informant's Name
First Middle Last Suffix

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

X_____ Date signed: _____
Informant's signature

Last revised: Dec. 2015

Hospital Staff

No individual or agency other than the Center for Health Statistics should be provided with a copy of this worksheet.

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 SSA from issuing your child a Social Security number and card.

Under contract with the Social Security Administration (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 (Month / Day / Year) _____

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)

Print First _____ Middle _____ Last _____ Suffix _____

Signature _____ Date signed _____

Last revised: Dec. 2015

Hospital Staff – You 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 this 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 971-673-1180.