

MOTHER'S BIRTH CERTIFICATE WORKSHEET - HOSPITAL

1. Read Facts About Your Child's Birth Certificate (Pub. # P-05103).
2. **All items must be completed** (except husband information, if you are not married). **WARNING:** If you do not complete this worksheet, you will not be able to obtain your child's birth certificate or apply for a Social Security Number through Vital Records.
3. Birth certificate data may be used by health and medical researchers to study and improve the health of mothers and infants (Chap. 69, Wis. Stats.).

FOR HOSPITAL USE ONLY		
Mother's Medical Record #		
Child's Medical Record #		
Child's Date of Birth	/	/
	Month	Day
		Year

PENALTIES: If you deliberately make false statements in the legal part of the birth certificate, you could be fined up to \$10,000 or imprisonment up to three years and six months, or both, per Chap. 69.24(1), Wis. Stats.

SECTION 1. MOTHER

1. Child's name (as it should appear on the birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

Check here if there is a possibility that the child may be placed for adoption.

2. Mother's current legal name:			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

Mother's birth name is the same as her current name.

3. Mother's name at birth (as it appears on mother's current birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

4. Mother's birthplace – Country and U.S. State or U.S. Territory:	
Country:	
U.S. State or U.S. Territory:	

5. Mother's date of birth:	Month (January-December):	Day (01-31):	Year (YYYY):

6. Mother of Spanish/Hispanic/Latina origin? Check all that apply.	<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (e.g., Spaniard, Salvadoran, Dominican, Columbian) (specify): _____	<input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban
7. Mother's race: Check all that apply.	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian (specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify): _____

8. Mother's height:	Feet: _____	Inches: _____
9. Mother's prepregnancy weight:	Pounds: _____	

10. Mother's education: Choose one option from the list. Enter the highest level of schooling that the mother has completed at the time of delivery.	<input type="checkbox"/> 8 th grade or less <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
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11. How many cigarettes did the mother smoke per day during each of the time periods? If mother NEVER smoked, enter zero for each time period.	Number of cigarettes	Number of cigarettes	
	Three months before pregnancy _____	First three months of pregnancy _____	
	Second three months of pregnancy _____	Third trimester of pregnancy _____	

12. Does the mother currently live with someone who smokes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Did the mother receive food from the WIC (Women, Infants, and Children) program for herself because she was pregnant with this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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14. Has the mother ever been legally married?	<input type="checkbox"/> Yes [Go to question 15.] <input type="checkbox"/> No [answer question below and go to question 16.] If not married, has a voluntary paternity acknowledgment form been completed for this child? <input type="checkbox"/> Yes, a paternity acknowledgment form has been completed. [Do not complete Section 3.] <input type="checkbox"/> No, a paternity acknowledgment form has not been completed. [Do not complete Section 3.]
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15. Did the mother get married or was she already married at any time during this pregnancy?	<input type="checkbox"/> Yes [Section 3. Husband's Information must be completed.] <input type="checkbox"/> No [Answer question below.] If not married, has a voluntary paternity acknowledgment form been completed for this child? <input type="checkbox"/> Yes, a paternity acknowledgment form has been completed. [Do not complete Section 3.] <input type="checkbox"/> No, a paternity acknowledgment form has not been completed. [Do not complete Section 3.]
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Mother's Medical Record Number _____ Child's Medical Record Number _____

16. Mother's Social Security Number: <small>(Read Section G. of the Facts About Your Child's Birth Certificate)</small>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17. Do you want a Social Security Number issued for your child? <input type="checkbox"/> Yes [sign the request below] <input type="checkbox"/> No	
18. 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 attest that the information I have provided on this form is correct to the best of my knowledge and belief. (Only the infant's mother and/or the husband named in item 1 or 23 may name the child and/or authorize a request for a Social Security Number.)	
Signature of infant's mother or mother's husband:	Date:

SECTION 2. MOTHER'S CONTACT

19. Mother's household/residence is located (this may or may not be the same as the mailing address):			
Country (if U.S., leave blank):			
State (or U.S. territory, Canadian province):			
County:			
City, village, or township:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Township
Complete number and street:		Apt #:	
Zip code:			

20. Mother's mailing address (this may or may not be the same as the address above):			
In care of (if applicable):			
Address:		Apt #:	
City:			
State (or U.S. territory):		Zip code:	

21. Mother's telephone number:	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> No Phone
22. Type of telephone number reported above:	<input type="checkbox"/> Cell <input type="checkbox"/> Residence <input type="checkbox"/> Work	

SECTION 3. HUSBAND

23. Husband's current legal name:			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

Mother's Medical Record Number _____ Child's Medical Record Number _____

Husband's birth name is the same as his current name.

24. Husband's name at birth (as it appears on his current birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

25. Husband's birthplace – Country and U.S. State or U.S. Territory:	
Country:	
U.S. State or U.S. Territory:	

26. Husband's date of birth:	Month (January-December):	Day (01-31):	Year (YYYY):
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27. Husband of Spanish/Hispanic/Latino origin? Check all that apply.	<input type="checkbox"/>	No, not Spanish/Hispanic/Latino	<input type="checkbox"/>	Yes, Puerto Rican
	<input type="checkbox"/>	Yes, Mexican, Mexican American, Chicano	<input type="checkbox"/>	Yes, Cuban
	<input type="checkbox"/>	Yes, other Spanish/Hispanic/Latino (e.g., Spaniard, Salvadoran, Dominican, Columbian) (specify): _____		

28. Husband's race: Check all that apply.	<input type="checkbox"/>	White	<input type="checkbox"/>	Vietnamese
	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Laotian
	<input type="checkbox"/>	American Indian or Alaska Native (name of enrolled or principal tribe): _____	<input type="checkbox"/>	Hmong
			<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"/>	Korean		
	<input type="checkbox"/>	Other (specify): _____		

29. Husband's education: Choose one option from the list. Enter the highest level of schooling that the husband has completed at the time of delivery.	<input type="checkbox"/>	8 th grade or less	<input type="checkbox"/>	9 th - 12 th grade, no diploma
	<input type="checkbox"/>	High school graduate or GED completed	<input type="checkbox"/>	Some college credit, but no degree
	<input type="checkbox"/>	Associate degree (e.g., AA, AS)	<input type="checkbox"/>	Bachelor's degree (e.g., BA, AB, BS)
	<input type="checkbox"/>	Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)		
	<input type="checkbox"/>	Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		

30. Husband's Social Security Number: (Read Section G. of the Facts About Your Child's Birth Certificate)	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Return your completed birth certificate worksheet to hospital staff.

Mother's Medical Record Number _____

ATTACHMENT TO MOTHER'S WORKSHEET FOR MULTIPLE BIRTHS

This additional sheet is only given to the Mother if the birth was a multiple (e.g., twin, triplet).

Child's name 2 nd Born (as it should appear on the birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

Child's name 3 rd Born (as it should appear on the birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

Child's name 4 th Born (as it should appear on the birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

Child's name 5 th Born (as it should appear on the birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

Child's name 6 th Born (as it should appear on the birth certificate):			
First:			
Middle:			
Last:		Suffix: (ex: Jr, II)	

