

# Mother's Worksheet for Child's Birth Certificate

Mother's medical record # \_\_\_\_\_ Child's medical record # \_\_\_\_\_

Please circle your choice Yes or No below:

RM No: \_\_\_\_\_

**BREAST FEED AT DISCHARGE** Yes OR No

**DELIVERING DR/PERSON** \_\_\_\_\_  
(Individual physically present at the delivery)

**HEP B IMMUNIZATION GIVEN** Yes OR No

**ACKNOWLEDGMENT OF PATERNITY** Yes OR No

The information you provide on this worksheet is used to create your child's birth certificate. The birth certificate is a legal document used to prove your child's age, citizenship and parentage. Your child will use the birth certificate throughout his/her life. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Please **PRINT** your responses **LEGIBLY** carefully and accurately as errors are difficult and expensive to correct. Call (936) 266-3605 when forms are ready or if you have any questions.

## CHILD'S PLACE OF BIRTH

Name of Hospital or Location	Address	State
CHI ST. LUKE'S HEALTH-THE WOODLANDS HOSPITAL	17200 ST. LUKE'S WAY	TEXAS
County	City	Zip Code
MONTGOMERY	THE WOODLANDS	77384

## CHILD'S INFORMATION

Time of Birth	Date of Birth	Plurality (please circle one)
	Am / Pm	Single / Twin / Triplets / Quadruplets / Quintuplets

Birth Order (please circle one)	Number of Infants Born Alive at this Birth? (Please circle one)
First / Second / Third / Fourth / Fifth	One / Two / Three / Four / Five

## MOTHER'S CURRENT LEGAL NAME

First Name	Middle Name	Last Name	Suffix

## CHILD'S LEGAL NAME (PLEASE INDICATE CHILD'S SEX) MALE FEMALE

First Name	Middle Name	Last Name	Suffix

## MOTHER'S RESIDENCE ADDRESS

Residence Address	Apartment Number	State/Foreign Country	County
City/Town/Location	Zip Code / Extension	Are you Inside the City Limits within your city?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MOTHER'S MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address	Apartment Number	State/Foreign Country	
City/Town/Location	Zip Code / Extension	Inside City Limits?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Mother's email address: \_\_\_\_\_

**MOTHER'S INFORMATION**

**MOTHER'S TELEPHONE #** \_\_\_\_\_

Date of Birth	Place of Birth indicate (State/Foreign Country/Territory) only	Social Security #

Apply for Baby's Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Mother Give up Rights to the Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Rights Given Up?
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Occupation	Type of Business (examples Restaurant, Education, Oil & Gas)

<b>Mother's Education</b> <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> 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)	<b>Is Mother of Hispanic Origin?</b> <input type="checkbox"/> No, not Spanish / Hispanic / Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish / Hispanic / Latina Specify _____ <input type="checkbox"/> Unknown if Spanish/Hispanic/Latina	<b>What is Mother's Race?</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native (Name of the 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"/> Vietnamese <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify _____ <input type="checkbox"/> Other _____ Specify _____ <input type="checkbox"/> Unknown
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**MOTHER'S HEALTH INFORMATION**

Did you receive WIC for this Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Height	Weight before Pregnancy	Weight at Delivery

<b>How many cigarettes did you smoke before and during pregnancy?</b>			
<b>Three Months Before</b>	Cigs/Day: _____	Packs/Day: _____	<b>First Three Months</b> Cigs/Day: _____ Packs/Day: _____
<b>Second Three Months</b>	Cigs/Day: _____	Packs/Day: _____	<b>Third Trimester</b> Cigs/Day: _____ Packs/Day: _____

**MOTHER'S MARITAL STATUS (Please read carefully)**

- If you are married, your husband may be listed as the father on the birth certificate, or the information may be left blank.
- If you are not married, the father's name may be listed on the birth certificate only if both parents complete an Acknowledgment of Paternity.
- If you are or have been married to someone other than the biological father of this child, or have been married to someone other than the biological father within 300 days before this child's birth, the Acknowledgment of Paternity must also include a Denial of Paternity from your husband or former husband to allow the biological father's information to be listed on the birth certificate.

<input type="checkbox"/> <b>Yes, Currently Married</b>	<input type="checkbox"/> <b>Yes, Never Married</b>	<input type="checkbox"/> <b>Yes, Divorced</b>	<input type="checkbox"/> <b>Yes, Widowed</b>
<input type="checkbox"/> <b>Yes, Married – (no paternity information on birth certificate)</b>			
Have you been married to someone other than the biological father in the 300 days before the child's birth? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
Do you want to complete an Acknowledgement of Paternity? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			

**MOTHER'S NAME PRIOR TO HER FIRST MARRIAGE**

First Name	Middle Name	Last Name	Suffix

**FATHER'S INFORMATION (Biological father)**

FATHER'S TELEPHONE # \_\_\_\_\_

Legal First Name

Middle Name

Last Name

Suffix

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Date of Birth

Place of Birth indicate (State/Foreign Country/Territory) only

Social Security #

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Occupation

Type of Business (examples Restaurant, Education, Oil &amp; Gas)

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**Father's Education**

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

**Is Father of Hispanic Origin?**

- No, not Spanish / Hispanic / Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish / Hispanic / Latino Specify \_\_\_\_\_
- Unknown if Spanish/Hispanic/Latina

**What is Father's Race?**

- White
- Black/African American
- American Indian/Alaska Native (Name of the enrolled or principal tribe) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander Specify \_\_\_\_\_
- Other \_\_\_\_\_ Specify \_\_\_\_\_
- Unknown

Has Paternity – Genetic Testing Been Done?

Mailing Address

Apartment Number

 Yes  No

State/Foreign Country/Territory

City/Town/Location

Zip Code / Extension

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**PRESUMED FATHER'S INFORMATION (Complete ONLY if applicable)**

Date of Birth

Social Security

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First Name

Middle Name

Last Name

Suffix

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Mailing Address

Apartment Number

State/Foreign Country/Territory

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City/Town/Location

Zip Code Extension

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**MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable)**

Mother's Medicaid Name

Mother's Medicaid Number

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**IMMTRAC REGISTRY**

Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to share the immunization information with registered providers?  Yes  No (You still have to fill out IMMTRAC Texas Immunization Registry form regardless if you Grant or Deny consents) Do not discard this form.