

Congratulations on the birth of your new Little Texan!

Texas Vital Statistics would like to take this opportunity to answer some most commonly asked questions about birth certificates in Texas.

How do I get a copy of my baby's birth certificate?

You can request and purchase a certified copy of your child's birth certificate from the local registrar's office located in the city or county where the birth occurred, or from the Texas Vital Statistic office located in Austin, Texas. As another option, you can order online at www.texas.gov.

A *Certified Birth Certificate* is a permanent legal document filed in the State of Texas that establishes your child's identity and is used to apply for medical or government services, passports, school admission, etc.

When will I receive my baby's social security card?

If you answered "Yes" to applying for your baby's social security number on the Birth Certificate Worksheet form, the birth information will be forwarded to the Social Security Administration as soon as the Texas Vital Statistic office receives the data from the hospital. The Social Security Administration then requires 2-3 weeks to process the information. A social security card will be mailed to the mother's mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

When will I receive my baby's Medicaid number?

If you provided answers to "Mother's Medicaid Name" and "Mother's Medicaid Number," the birth information will be forwarded to the Medicaid office as soon as the Texas Vital Statistic office receives the data from the hospital. Medicaid then requires 2-3 weeks to process the information. An Infant Medicaid card will be mailed to the mother's mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

When do I add my baby to my health insurance?

It's your responsibility to add your baby to your medical insurance. You need to contact your employer's Human Resources or benefits department regarding their policy to changes within your family status. You will need to get with your employer as soon as possible to find out the timeframe of adding your baby to your insurance.

Important note: the hospital does not add your newborn to your medical insurance.

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?

Yes 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?

Yes 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)

Mother's Education <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)	Is Mother of Hispanic Origin? <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	What is Mother's Race? <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

How many cigarettes did you smoke before and during pregnancy?			
Three Months Before	Cigs/Day: _____	Packs/Day: _____	First Three Months Cigs/Day: _____ Packs/Day: _____
Second Three Months	Cigs/Day: _____	Packs/Day: _____	Third Trimester 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"/> Yes, Currently Married	<input type="checkbox"/> Yes, Never Married	<input type="checkbox"/> Yes, Divorced	<input type="checkbox"/> Yes, Widowed
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Yes, Married – (no paternity information on birth certificate)

Have you been married to someone other than the biological father in the 300 days before the child's birth? **Yes** **No**

Do you want to complete an Acknowledgement of Paternity? **Yes** **No**

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 & Gas)

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Father's Education

- 8th grade or less
- 9th – 12th 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

--	--	--	--

Mailing Address

Apartment Number

State/Foreign Country/Territory

--	--	--

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.