

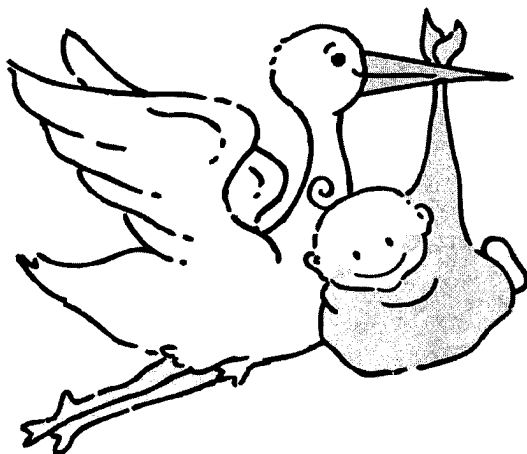
Congratulations on the birth of your new baby!

Please complete the attached information for your child's Birth Certificate. Make sure all blanks are completely filled out. **Any spaces left blank will cause a delay in the processing of the birth certificate.**

If you are not married to the biological father of your child but you want him listed as the legal father on the birth certificate you both will need to complete an **Acknowledgement of Paternity (AOP)**. When the AOP is filed with the Vital Statistics Unit the biological father becomes the legal father.

If you are married to someone other than the father of the child, your husband must complete the **Denial of Paternity** section on the **Acknowledgement of Paternity** form. If you were divorced within 300 days before your child's birth, your ex-husband may need to sign the denial of paternity, also. If the Denial of Paternity is not completed, you cannot proceed with the AOP. You can still establish paternity by applying for services at a child support office or by consulting a private attorney.

You will need to have some type of identification to complete the AOP.



Thank you in advance for your cooperation

Birth Certificate Registrar

Holli Wilson



ST. LUKE'S®

Hospital at
The Vintage

If you have any questions please call 832-534-7252

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.

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 the question, “Apply for baby’s social security number?”, 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 an answer for the questions “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.

Mother's Worksheet for Child's Birth Certificate

FOR HOSPITAL USE ONLY:

MOTHER MR# _____ NEWBORN MR# _____
 MEDICAID # _____ DELIVERING DR _____ RM # _____

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 carefully and accurately as errors are difficult and expensive to correct.

CHILD'S PLACE OF BIRTH

| Name of Hospital or Location | Address | State |
|------------------------------|--------------------------|----------|
| St. Luke's at The Vintage | 20171 Chasewood Park Dr. | Texas |
| County | City | Zip Code |
| Harris | Houston | 77070 |

CHILD'S INFORMATION

| Time of Birth | Date of Birth | Plurality (please circle one) |
|---------------------------------|---|-------------------------------|
| | | Single |
| Birth Order (please circle one) | Number of Infants Born Alive at this Birth? (please circle one) | |
| First | One | |

MOTHER'S CURRENT LEGAL NAME

| First Name | Middle Name | Last Name | Suffix |
|------------|-------------|-----------|--------|
| | | | |

CHILD'S LEGAL NAME

| 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 | Inside City Limits? | |
| | | <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 |

MOTHER'S INFORMATION

Date of Birth

Place of Birth (State/Foreign Country/Territory)

Social Security

| | | |
|--|--|--|
| | | |
|--|--|--|

Apply for Baby's Social Security?

Did Mother Give up Rights to the Child?

Date Rights Given Up?

Yes No

Yes No

| |
|--|
| |
|--|

Occupation

Type of Business

| | |
|--|--|
| | |
|--|--|

Mother'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, MEd, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Is Mother of Hispanic Origin?

- No, not Spanish / Hispanic / Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish / Hispanic / Latina
Specify _____

What is Mother's Race?

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Asian _____ |
| <input type="checkbox"/> American Indian/Alaska Native (Name of the enrolled or principal tribe) _____ | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander Specify _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |

MOTHER'S HEALTH INFORMATION

Did you receive WIC for this Birth?

Height

Weight Before Pregnancy

Weight At Delivery

Yes No

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

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.

Yes, Currently Married

Yes, Never Married

Yes, Divorced

Yes, Widowed

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)

| | | | |
|------------------|-------------|-----------|--------|
| Legal First Name | Middle Name | Last Name | Suffix |
| | | | |

| | | |
|---------------|--|-----------------|
| Date of Birth | Place of Birth (State/Foreign Country/Territory) | Social Security |
| | | |

| | |
|------------|------------------|
| Occupation | Type of Business |
| | |

| | | |
|--|---|--|
| Father'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 Father of Hispanic Origin? <input type="checkbox"/> No, not Spanish / Hispanic / Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish / Hispanic / Latino Specify _____ | What is Father'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 _____ <input type="checkbox"/> Unknown |
|--|---|--|

| | | |
|---|-----------------|------------------|
| Has Paternity – Genetic Testing Been Done? <input type="checkbox"/> Yes <input type="checkbox"/> No | Mailing Address | Apartment Number |
| | | |

| | | |
|---------------------------------|--------------------|----------------------|
| State/Foreign Country/Territory | City/Town/Location | Zip Code / Extension |
| | | |

PRESUMED FATHER'S INFORMATION (Complete ONLY if applicable)

| | |
|---------------|-----------------|
| Date of Birth | Social Security |
| | |

| | | | |
|------------|-------------|-----------|--------|
| First Name | Middle Name | Last Name | Suffix |
| | | | |

| | | |
|-----------------|------------------|---------------------------------|
| Mailing Address | Apartment Number | State/Foreign Country/Territory |
| | | |

| | |
|--------------------|--------------------|
| City/Town/Location | Zip Code Extension |
| | |

MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable)

| | |
|------------------------|--------------------------|
| Mother's Medicaid Name | Mother's Medicaid Number |
| | |

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

ADDITIONAL INFORMATION NEEDED FOR BIRTH CERTIFICATE

Live births living not including this birth _____

Month and year of last previous birth _____

Any previous c-sections please list how many _____

Previous miscarriage please list how many _____

Month and year of last miscarriage _____

Maiden name _____

Mother Height _____

Mother Contact Number _____

Father Contact number _____

- Disclaimer: This information is not shared with anyone other than the Department Of Vital Statistics. This information goes into a data base for percentages for the state.

ImmTrac Information for Parents

How does ImmTrac work?

When a health-care provider gives your child an immunization, and you consent to registering this information, the statewide immunization registry, known as ImmTrac, is notified. ImmTrac will keep an electronic immunization record on your child. Some information contained in the registry are the child's name, date-of-birth, address, the name of the parent or guardian, information on the shots given, and who gave them. Optional (but very helpful) information stored in ImmTrac is the child's Social Security number and mother's maiden name. This optional information helps prevent duplicate records from being created.

How does ImmTrac help to protect my child?

Providers authorized to use ImmTrac can see what immunizations your child has already had, even if they were given in another city or county. So when you come in for shots, your child gets only those that he or she needs.

This means that your child won't be under-vaccinated and more susceptible to diseases.

Your child won't be over-vaccinated either, so he or she does not have to go through any more discomfort than is necessary.

ImmTrac can also print out a shot record you can use to get your child into school or childcare.

Using ImmTrac, immunization providers can remind you to bring your child in for shots that are due, or to notify you about shots that are overdue.

Who has access to the information?

Your privacy is protected. Your child's immunization information is available only to persons authorized by law to see it. Only doctors, schools, childcare centers, and public health providers with ImmTrac-issued identification numbers and passwords may view the information.

How do I register my child?

To register your child for ImmTrac participation you must grant consent in writing by:

- completing, signing, and mailing or faxing to ImmTrac this [Immune Registry \(ImmTrac\) Consent Form \(C-7\)](#) ~~NEW!~~, along with copies of any immunization records you have for your child. You may **mail** the Consent Form to:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
IMMUNIZATION REGISTRY (ImmTrac)
NEWBORN REGISTRATION FORM



(Please print clearly)

For Clinic/Office Use

Child's Last Name

Child's First Name

Child's Middle Name

Child's Date of Birth

**Newborns only.*

Child's Gender: Male

Female

Mother's First Name

Mother's Maiden Name

Mother's Street Address

Apartment #

Telephone

City

State

Zip Code

County

ImmTrac, the Texas immunization registry, is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates and stores your child's (under 18 years of age) immunization records. With your consent, your child's immunization information will be included in ImmTrac. Doctors, public health departments, schools and other authorized professionals can access your child's immunization history to ensure that important vaccines are not missed.

The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.

**Consent for Registration of Child and
 Release of Immunization Records to Authorized Entities**

I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac"). Once in ImmTrac, the child's immunization information may by law be accessed by:

- a public health district or local health department, for public health purposes within their areas of jurisdiction;
- a physician, or other health care provider legally authorized to administer vaccines, for treating the child as a patient;
- a state agency having legal custody of the child;
- a Texas school or child care facility in which the child is enrolled;
- a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.

I understand that I may withdraw this consent to include information on my child in the ImmTrac Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac Group – MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.

Please mark the appropriate box to indicate your choice.

I **GRANT** consent for registration. I wish to **INCLUDE** my child's information in the Texas immunization registry.

I **DENY** consent for registration. I wish to **EXCLUDE** my child's information from the Texas immunization registry.

Parent, legal guardian or managing conservator:

Printed Name

Date

Signature

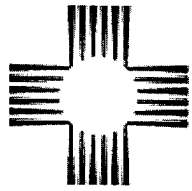
Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Questions? (800) 252-9152 • (512) 458-7284 • www.ImmTrac.com
 Texas Department of State Health Services • ImmTrac Group – MC 1946 • P.O. Box 149347 • Austin, TX 78714-9347

ImmTrac NB-2 Stock No. F11-11936
 Revised 07/22/08



BIRTH REGISTRARS – Please enter newborn client information in Texas Electronic Registrar and **affirm** that consent has been granted. **DO NOT fax to DSHS. Retain this form in the client's birth record.**



ST. LUKE'S[®] Hospital at The Vintage

YOUR BABY'S BIRTH CERTIFICATE & SOCIAL SECURITY CARD

Your baby's birth certificate will be complete in 14 business days after your discharge from the hospital.

**** PLEASE BE ADVISED THAT YOU WILL NOT RECEIVE YOUR CHILD'S BIRTH CERTIFICATE IN THE MAIL, NOR CAN YOU PICK IT UP HERE AT THE HOSPITAL.**

You may obtain a certified copy from the Harris County Clerk's Office. It will probably be wise to call the County Clerk's Office first to make certain that the birth certificate has arrived and been processed. **There is a fee of \$23.00 per copy.**

Cypresswood County Clerk's Office

6831 Cypresswood Dr
Spring, Texas
(281) 379-1057

Open: Monday thru Friday
8:00AM – 4:30PM

Harris County Civil Courthouse

201 Caroline
Houston, Texas
713-755-6411

Open: Monday thru Friday
8:00AM – 4:30PM

Apply Online

WWW.TEXAS.GOV

Additionally, if you requested that we submit for your baby's social security number, please be advised that it will take approximately two to six weeks for you to receive the card directly from the Social Security Administration in Baltimore, Maryland. **If you have not received the card after six weeks, you must contact the Social Security Administration at 1-800-772-1213.**

If you should have any further questions, please feel free to call or email us at 832-534-7252
Hwilson1@stlukeshealth.org /Cmorton2@stlukeshealth.org /Rvasquez@stlukeshealth.org

Congratulations on the birth of your new baby.

Thank You,

Birth Registrar