

MOTHER'S MEDICAL RECORD #

CHILD'S MEDICAL RECORD #

MOTHER'S NAME:

Rev 1/2016

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



MOTHER'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)

Adapted by CT DPH from the NVSS Mother's Worksheet for the 2003 Live Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants.

PARENTS - THIS FORM IS NOT TO BE TAKEN HOME. PLEASE PROVIDE TO YOUR HOSPITAL'S BIRTH REGISTRAR BEFORE DISCHARGE.

CHILD'S INFORMATION

1a. Child's legal name (as it should appear on the birth certificate) [ ] Child's name not yet chosen

First Middle Last Generational ID

Date of birth of this child

Month / Day / Year

Plurality of this birth

Include all infants delivered (alive or dead) in this pregnancy when determining plurality and birth order.

- [ ] Singleton
[ ] Twins
[ ] Triplets
[ ] Quadruplets
[ ] Other

Birth Order of this child

If a multiple birth, circle the birth order of the child named above.

- [ ] 1st born
[ ] 2nd born
[ ] 3rd born
[ ] 4th born
[ ] Other

Sex of this child

- [ ] Male
[ ] Female
[ ] Undetermined

INFORMATION ON MOTHER

2a. Mother's current legal name

First Middle Last Generational ID

2b. Mother's name prior to her first marriage (Maiden name; Last name given at birth or on Birth Certificate)

[ ] SAME AS CURRENT LEGAL NAME

First Middle Last Generational ID

**2c. Mother's date of birth**

\_\_ / \_\_ / \_\_ \_\_ \_\_  
 Month Day Year

**2d. Mother's Place of Birth**

U.S. State \_\_\_\_\_

U.S. territory \_\_\_\_\_  
 (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Foreign country \_\_\_\_\_

If CANADA, provide province \_\_\_\_\_

**2e. Were you married to the biological father at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?**

Yes

No *If no, has a paternity acknowledgment been completed? (That is, have you and the biological father signed a State of Connecticut Acknowledgment of Paternity form in which the father accepted legal responsibility for the child?)*

Yes, a paternity acknowledgment has been completed.

No, a paternity acknowledgment has not been completed. *Information about the biological father cannot be included on the birth certificate. Information about the procedures for adding the father's information to the Birth Certificate after it has been filed can be obtained from the State Vital Records Office.*

**2f. Mother's Residence:**

Provide the actual street location and the official name of the town/city where your residence is located. For example, the location for paying taxes, voting, etc., but not necessarily used for mailing address.

\_\_\_\_\_ Apt / Unit  
 House Number Street (Do not enter PO Boxes or Rural Route numbers)  
 \_\_\_\_\_  
 City/Town State ZIP code  
 County: \_\_\_\_\_ If not United States, *country* \_\_\_\_\_

**Is the residence inside city limits?** (Non-CT residents only)  Yes  No  Don't know

**How long has the Mother lived at the current residence reported above?** \_\_\_\_\_ Years \_\_\_\_\_ Months

**2g. Address where mail is received:**  Same as residence address above

\_\_\_\_\_ Apt / Unit  
 House Number Street, Rural Route, P.O. Box  
 \_\_\_\_\_  
 City/Town State ZIP code  
 County: \_\_\_\_\_ If not United States, *country* \_\_\_\_\_

**3a. Mother's Spoken Language (check all that apply):**

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> American sign language (ASL)         | <input type="checkbox"/> Gujarathi  | <input type="checkbox"/> Russian                         |
| <input type="checkbox"/> Armenian                             | <input type="checkbox"/> Khmer      | <input type="checkbox"/> Serbo-Croatian                  |
| <input type="checkbox"/> Chinese, Cantonese                   | <input type="checkbox"/> Korean     | <input type="checkbox"/> Spanish                         |
| <input type="checkbox"/> Chinese, Mandarin                    | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Vietnamese                      |
| <input type="checkbox"/> English                              | <input type="checkbox"/> Persian    | <input type="checkbox"/> Other Language --specify: _____ |
| <input type="checkbox"/> French (including Cajun, Patois)     | <input type="checkbox"/> Polish     |  |
| <input type="checkbox"/> French Creole (for example, Haitian) | <input type="checkbox"/> Portuguese |  |

**Race and Hispanic Ethnicity:** Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

**Please complete both items.**

**Definition of Hispanic, Latino/a, or Spanish Origin:**

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- **“Hispanic, Latino/a, or Spanish origin”** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

**3b. Is the Mother Spanish/Hispanic/Latina?**

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

\_\_\_\_\_ (e.g. Spaniard, Salvadoran, Dominican, Columbian)

**Definition of Race Categories:**

A person may indicate self-identification with two or more races by selecting multiple race categories.

- **“White”** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **“Black or African American”** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- **“American Indian and Alaska Native”** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **“Asian”** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **“Native Hawaiian and Other Pacific Islander”** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**3c. Mother's Race:** Please check one or more races to indicate what she considers herself to be.

- White
- Black or African American
- American Indian or Alaska Native:

\_\_\_\_\_ (name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian: \_\_\_\_\_

(e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: \_\_\_\_\_

- Other Race: \_\_\_\_\_

**4a. Mother's Social Security Number:**

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

**4b. Mother's occupation:**

**4c. Mother's business/industry:**

**4d. Highest level of schooling the Mother has completed at time of delivery:**

Check the box that best describes her education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th 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 or Professional degree (e.g. PhD, EdD, MD, LLB)

4e. Did the Mother receive WIC (Women's, Infant & Children) food for herself because she was pregnant with this child?

- Yes
- No
- Don't know

**4f. Did the Mother smoke just before or during this pregnancy? (Do not include e-cigarettes or vaping cigarettes)**

- Yes, I smoked during the three months before I became pregnant and/or while I was pregnant.  
For the three months before pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.  
During the first 3 months of pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.  
During the second 3 months of pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.  
During the last 3 months of pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.
- No, I did not smoke during the three months before I became pregnant or while I was pregnant.

**4g. Did the Mother use alcohol regularly during this pregnancy? If so, how many drinks did she consume in *an average week*?**

- No, I did not drink regularly during this pregnancy.
- Yes, I drank \_\_\_\_\_ drinks in *an average week* during this pregnancy.

**4h. Mother's height:**

\_\_\_\_\_ feet \_\_\_\_\_ inches

**4i. Mother's weight immediately before she became pregnant with this child:**

Pre-pregnancy weight was \_\_\_\_\_ pounds

## INFORMATION ON FATHER

**Fill in the Father's information ONLY if the parents are legally married to each other or if both parents have signed the VS-56 "ACKNOWLEDGEMENT OF PATERNITY" form.**

**5a. Father's current legal name:**

\_\_\_\_\_

First Middle Last Generational ID

**5b. Father's name prior to first marriage** (Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

\_\_\_\_\_

First Middle Last Generational ID

**5c. Father's date of birth:**

\_\_ / \_\_ / \_\_\_\_

Month Day Year

**5d. Father's Place of Birth:**

U.S. State \_\_\_\_\_

U.S. territory \_\_\_\_\_  
(i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Foreign country \_\_\_\_\_

If CANADA, provide province \_\_\_\_\_

**6a. Father's spoken language:**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> American sign language (ASL)         | <input type="checkbox"/> Gujarathi  | <input type="checkbox"/> Russian                        |
| <input type="checkbox"/> Armenian                             | <input type="checkbox"/> Khmer      | <input type="checkbox"/> Serbo-Croatian                 |
| <input type="checkbox"/> Chinese, Cantonese                   | <input type="checkbox"/> Korean     | <input type="checkbox"/> Spanish                        |
| <input type="checkbox"/> Chinese, Mandarin                    | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Vietnamese                     |
| <input type="checkbox"/> English                              | <input type="checkbox"/> Persian    | <input type="checkbox"/> Other Language –specify: _____ |
| <input type="checkbox"/> French (including Cajun, Patois)     | <input type="checkbox"/> Polish     |   |
| <input type="checkbox"/> French Creole (for example, Haitian) | <input type="checkbox"/> Portuguese |   |

**Race and Hispanic Ethnicity:** Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

**Please complete both items.**

**Definition of Hispanic, Latino/a, or Spanish Origin:**

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- **"Hispanic, Latino/a, or Spanish origin"** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

**6b. Is the Father Spanish/Hispanic/Latino?**

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina:

\_\_\_\_\_ (e.g. Spaniard, Salvadoran, Dominican, Columbian)

**Definition of Race Categories:**

- **“White”** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **“Black or African American”** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- **“American Indian and Alaska Native”** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **“Asian”** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **“Native Hawaiian and Other Pacific Islander”** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**6c. Father’s Race:** Please check one or more races to indicate what he considers himself to be.

- White
- Black or African American
- American Indian or Alaska Native:

\_\_\_\_\_ (name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian: \_\_\_\_\_

(e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: \_\_\_\_\_

- Other Race: \_\_\_\_\_

**7a. Father’s Social Security Number:**

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

**7b. Father’s occupation:**

**7c. Father’s business/industry:**

**7d. Highest level of schooling the Father has completed at time of delivery:** Check the box that best describes his education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 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 or Professional degree (e.g. PhD, EdD, MD, LLB)

### IMMUNIZATION INFORMATION

This additional information is requested by the CT Immunization Registry and Tracking System which will keep track of your child's preschool immunizations. If you do not wish to participate, you must sign the refusal box on the separate CT Immunization Registry and Tracking System (CIRTS) enrollment form.

#### 8a. Pediatrician Information:

Name of baby's doctor: \_\_\_\_\_  
First Middle Last Generational ID

Name of doctor's practice: \_\_\_\_\_

Town of doctor/clinic: \_\_\_\_\_

8b. Emergency Contact Name: \_\_\_\_\_

Contact's Telephone #: \_\_\_\_\_

8c. Mother's Telephone # \_\_\_\_\_

### INFORMANT INFORMATION

#### 8d. Informant's Information:

Relationship to this child:  Mother  Father  Other relative  Hospital employee  
 Other – specify \_\_\_\_\_

Full name of person providing information in this form:

\_\_\_\_\_   
First Middle Last Generational ID

Signature of Informant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please provide this completed worksheet to your hospital's Birth Registrar before discharge.**