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. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

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. Items such as parent’s education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

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

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
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<th>Generational ID</th>
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Date of birth of this child

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
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</table>

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

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
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</table>
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.

<table>
<thead>
<tr>
<th>House Number</th>
<th>Street (Do not enter PO Boxes or Rural Route numbers)</th>
<th>Apt / Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>___________________</td>
<td>___________________</td>
</tr>
<tr>
<td>City/Town</td>
<td>State</td>
<td>ZIP code</td>
</tr>
<tr>
<td>___________________</td>
<td>___________________</td>
<td>___________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>House Number</th>
<th>Street, Rural Route, P.O. Box</th>
<th>Apt / Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>___________________</td>
<td>___________________</td>
</tr>
<tr>
<td>City/Town</td>
<td>State</td>
<td>ZIP code</td>
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<tr>
<td>___________________</td>
<td>___________________</td>
<td>___________________</td>
</tr>
</tbody>
</table>

County: ___________________ If not United States, country ____________________________

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

- American sign language (ASL)
- Armenian
- Chinese, Cantonese
- Chinese, Mandarin
- English
- French (including Cajun, Patois)
- French Creole (for example, Haitian)
- Gujarathi
- Khmer
- Korean
- Laotian
- Persian
- Polish
- Portuguese
- Russian
- Serbo-Croatian
- Spanish
- Vietnamese
- Other Language –specify: ____________________________
**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.**

<table>
<thead>
<tr>
<th>Definition of Hispanic, Latino/a, or Spanish Origin:</th>
<th>3b. Is the Mother Spanish/Hispanic/Latina?</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>□ No, not Spanish/Hispanic/Latina</td>
</tr>
<tr>
<td>• “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.</td>
<td>□ Yes, Mexican, Mexican American, Chicana</td>
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<tr>
<td></td>
<td>□ Yes, Puerto Rican</td>
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<tr>
<td></td>
<td>□ Yes, Cuban</td>
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<tr>
<td></td>
<td>□ Yes, other Spanish/Hispanic/Latina: ____________________________ (e.g. Spaniard, Salvadoran, Dominican, Colombian)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definition of Race Categories:</th>
<th>3c. Mother’s Race: Please check one or more races to indicate what she considers herself to be.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person may indicate self-identification with two or more races by selecting multiple race categories.</td>
<td>□ White</td>
</tr>
<tr>
<td>• “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 &quot;White&quot; or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.</td>
<td>□ Black or African American</td>
</tr>
<tr>
<td>• “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 &quot;Black, African American, or Negro&quot;; or report entries such as African American, Kenyan, Nigerian, or Haitian.</td>
<td>□ American Indian or Alaska Native: ____________________________ (name of enrolled or principal tribe)</td>
</tr>
<tr>
<td>• “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.</td>
<td>Asian</td>
</tr>
<tr>
<td>• “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.</td>
<td>□ Asian Indian</td>
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<tr>
<td>• “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.</td>
<td>□ Chinese</td>
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<td>□ Filipino</td>
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<td>□ Japanese</td>
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<td>□ Korean</td>
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<td>□ Vietnamese</td>
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<td>□ Other Asian: ____________________________________________ (e.g., Thai, Cambodian, Malaysian)</td>
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<td></td>
<td>□ Pacific Islander</td>
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<td>□ Native Hawaiian</td>
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<td>□ Guamanian or Chamorro</td>
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<td>□ Samoan</td>
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<td>□ Other Pacific Islander: ____________________________________</td>
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<td>□ Other Race: ______________________________________________</td>
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</tbody>
</table>

MOTHER’S WORKSHEET (rev 1/2016)  Page 3 of 7
### 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.

I DO NOT HAVE A SOCIAL SECURITY NUMBER

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### 4b. Mother’s occupation:

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### 4c. Mother’s business/industry:

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### 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
- 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 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:

<table>
<thead>
<tr>
<th>First</th>
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</table>

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

- [ ] SAME AS CURRENT LEGAL NAME

<table>
<thead>
<tr>
<th>First</th>
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<th>Generational ID</th>
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</table>

### 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:

- [ ] American sign language (ASL)
- [ ] Gujarathi
- [ ] Russian
- [ ] Armenian
- [ ] Khmer
- [ ] Serbo-Croatian
- [ ] Chinese, Cantonese
- [ ] Korean
- [ ] Spanish
- [ ] Chinese, Mandarin
- [ ] Laotian
- [ ] Vietnamese
- [ ] English
- [ ] Persian
- [ ] Other Language —specify: ________________________
- [ ] French (including Cajun, Patois)
- [ ] Polish
- [ ] Portuguese
- [ ] French Creole (for example, Haitian)

### 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:

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- “**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.

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**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.

- 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.

- 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 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.