

Parent'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

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

County City Zip Code

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

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

PARENT 1 - CURRENT LEGAL NAME

Mother Father Parent

First Name Middle Name Last Name Suffix

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

CHILD'S LEGAL NAME

First Name Middle Name Last Name Suffix

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

PARENT 1 - 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 |
|--|--|--|

PARENT 1 - 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 |
|--|--|--|

PARENT 1 - INFORMATION

Date of Birth

Place of Birth (State/Foreign Country/Territory)

Social Security

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

Apply for Baby's Social Security?

Did Parent 1 Give up Rights to the Child?

Date Rights Given Up?

| | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--|--|

Occupation

Type of Business

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

Parent 1'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 Parent 1 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 Parent 1'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 <small>(Name of the enrolled or principal tribe)</small> | <input type="checkbox"/> Native Hawaiian |
| _____ | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | Specify _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |

PARENT 1 - HEALTH INFORMATION

Did you receive WIC for this Birth?

Height

Weight Before Pregnancy

Weight At Delivery

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ |

| | | |
|--|----------------------------|----------------------|
| Has Paternity – Genetic Testing Been Done? <input type="checkbox"/> Yes <input type="checkbox"/> No | Parent 2's Mailing Address | Apartment Number |
| State/Foreign Country/Territory | City/Town/Location | Zip Code / Extension |

PARENT 2 - NAME PRIOR TO FIRST MARRIAGE

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

PRESUMED FATHER 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 | | |

PARENT 1 - MEDICAID INFORMATION (Complete ONLY if applicable)

| | |
|--------------------------|----------------------------|
| Parent 1's Medicaid Name | Parent 1'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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

SURROGACY WORKSHEET ADDENDUM

INTENDED PARENT 1

Mother Father Parent

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

INTENDED PARENT 1'S NAME PRIOR TO FIRST MARRIAGE

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

| Intended Parent 1's Medicaid Name | Intended Parent 1's Medicaid Number |
|-----------------------------------|-------------------------------------|
| | |

Intended Parent 1's Marital Status

Never Married Widowed Widowed Divorces Currently Married Married Refuse Info Unknown

INTENDED PARENT 1'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 |

INTENDED PARENT 1'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 |

INTENDED PARENT 2'S NAME PRIOR TO FIRST MARRIAGE

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

INTENDED PARENT 2

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

| Date of Birth | Age | State, Territory, or Foreign Country of Birth | Social Security |
|---------------|-----|---|-----------------|
| | | | |

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 Statistics 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 Statistics 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 Parent 1’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?”