

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

Baylor Scott & White Medical Center at Frisco

5601 Warren Parkway

Texas

County

City

Zip Code

Collin

Frisco

75034

CHILD'S INFORMATION

Time of Birth

Date of Birth

For **MULTIPLES** (please circle one)

Am / Pm

Single / Twin / Triplets / Quadruplets / Quintuplets

Birth Order - For Twins/Triplets (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

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?

☐ 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

MOTHER'S INFORMATION

Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security
<input type="text"/>	<input type="text"/>	<input type="text"/>
Apply for Baby's Social Security?	Did Mother Give up Rights to the Child? (Adoption)	Date Rights Given Up?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Occupation	Type of Business	
<input type="text"/>	<input type="text"/>	
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="text"/>	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="text"/> <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="text"/> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify <input type="text"/> <input type="checkbox"/> Other <input type="text"/> <input type="checkbox"/> Unknown

MOTHER'S HEALTH INFORMATION

Did you receive WIC? (Federal Assistance)	Mother's Height	Mother's Weight Before Pregnancy	Mother's Weight At Delivery
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>
Did you smoke during this pregnancy? Yes / No		If <u>YES</u>, how many cigarettes did you smoke?	
Three Months Before	Cigs/Day: <input type="text"/> Packs/Day: <input type="text"/>	First Three Months	Cigs/Day: <input type="text"/> Packs/Day: <input type="text"/>
Second Three Months	Cigs/Day: <input type="text"/> Packs/Day: <input type="text"/>	Third Trimester	Cigs/Day: <input type="text"/> Packs/Day: <input type="text"/>

MOTHER'S MARITAL STATUS (Please read carefully)

<ul style="list-style-type: none">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"/> Currently Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Married, but refusing to list 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to complete an Acknowledgement of Paternity? (If you are NOT married to the father) <input type="checkbox"/> Yes <input type="checkbox"/> No			

MOTHER'S NAME PRIOR TO HER FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FATHER'S INFORMATION (Biological father)

Legal First Name	Middle Name	Last Name	Suffix
<div></div>	<div></div>	<div></div>	<div></div>
Date of Birth	Place of Birth (State/Foreign Country/Territory)		Social Security
<div></div>	<div></div>		<div></div>
Occupation		Type of Business	
<div></div>		<div></div>	
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? <div><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</div> <div><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</div>	

Complete this section ONLY if applicable**Father's Mailing Address (LEAVE BLANK if same as mother's)****Apartment Number**

Has genetic (paternity) testing been done? <input type="checkbox"/> Yes <input type="checkbox"/> No	<div></div>	<div></div>
State/Foreign Country/Territory	City/Town/Location	Zip Code / Extension
<div></div>	<div></div>	<div></div>

PRESUMED Fathers Information (Complete ONLY if applicable)

Date of Birth	Social Security		
<div></div>	<div></div>		
First Name	Middle Name	Last Name	Suffix
<div></div>	<div></div>	<div></div>	<div></div>
Mailing Address		Apartment Number	State/Foreign Country/Territory
<div></div>		<div></div>	<div></div>
City/Town/Location	Zip Code Extension		
<div></div>	<div></div>		

MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable)

Mother's Medicaid Name	Mother's Medicaid Number
<div></div>	<div></div>

IMMTRAC REGISTRY (Texas Online Immunization Database)

You must make a selection by <u>signing</u> the attached registration form (next page) either GRANTING consent for your child's information to be included in the registry or DENYING consent for registration
