

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

BIRTH INFORMATION

Time of Birth

Date of Birth

MULTIPLES ONLY (please circle one)

Am / Pm

Single / Twin / Triplets / Quadruplets / Quintuplets

MULTIPLES ONLY 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

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 or Foreign Country/Territory)

Social Security

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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	
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Occupation

Type of Business

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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, MEng, 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 |
| <input type="checkbox"/> Japanese | Specify _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other _____ |
| | <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			
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Did you smoke during this pregnancy? **Yes** **No**

If **YES**, how many cigarettes did you smoke?

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 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 before the biological father's information can be listed on the birth certificate.

<input type="checkbox"/> Currently Married	<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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<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? ☐ **Yes** ☐ **No**

Do you want to complete an Acknowledgement of Paternity? (Only if you are <u>NOT</u> married to the father) <input type="checkbox"/> Yes <input type="checkbox"/> No

MOTHER'S MAIDEN - NAME PRIOR TO HER FIRST MARRIAGE

First Name

Middle Name

Last Name

Suffix

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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

- ☐ 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 Father of Hispanic Origin?

- ☐ No, not Spanish / Hispanic / Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish / Hispanic / Latino Specify _____

What is Father's Race?

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian _____
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander Specify _____
- ☐ Other _____
- ☐ Unknown

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?

☐ Yes☐ No

State/Foreign Country/Territory

City/Town/Location

Zip Code / Extension

PRESUMED Fathers Information (Complete ONLY if married to someone other than the biological father)

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 (Texas Online Immunization Database)

You must make a selection by signing 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