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
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	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?
		☐ **Yes** ☐ **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?
		☐ **Yes** ☐ **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?
☐ **Yes** ☐ **No**	☐ **Yes** ☐ **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?

- ☐ 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

PARENT 1 - HEALTH INFORMATION

Did you receive WIC for this Birth?	Height	Weight Before Pregnancy	Weight At Delivery
☐ **Yes** ☐ **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: ___

PARENT 1 - NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

PARENT 1 - MARITAL STATUS (Please read carefully)

Were you married at the time you conceived this child, at the time of birth, or within 300 days prior to the birth of your child?

☐ Yes (Please skip over the AOP section below and complete Parent 2 sections).

☐ Yes, but I refuse to provide my spouse's name as the parent of my child.
- ☐ Would you like to complete an AOP? (See AOP section below)
- ☐ No, I can provide legal documentation: court order, gestational agreement, or surrogacy (Complete Surrogacy Worksheet on Page 5)

☐ Yes, but the spouse is not the biological parent of my child. (Please complete AOP section).

☐ No- if you are not married, the other parent's name may be listed on the birth certificate only if both parents complete an Acknowledgement of Paternity. (Please complete AOP section)

ACKNOWLEDGEMENT OF PATERNITY (AOP) (An AOP can only be signed by the bio mom/dad or presumed father)

Do you want to complete an Acknowledgement of Paternity?

☐ Yes - If you are or have been married to someone other than the biological parent of this child, or within 300 days before this child's birth, the AOP must include a Denial of Paternity from the husband or former husband to allow the biological parent's information to be listed on the birth certificate. (Please complete Parent 2 Section, which starts on Page 3).

☐ No - Information about the other parent cannot be included on the birth certificate. (Please continue on to Page 4 and finish Parent 1 & IMMTRAC information.)

PARENT 2 - CURRENT LEGAL NAME/INFORMATION ☐ Mother ☐ Father ☐ Parent

Legal First Name	Middle Name	Last Name	Suffix

Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security

Occupation	Type of Business

Parent 2'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 2 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 Parent 2'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