Mother's Worksheet for Child's Birth Certificate

Child's medical record # Mother's medical record # Please circle your choice Yes or No below: RM No: BREAST FEED AT DISCHARGE Yes OR No **DELIVERING DR/PERSON** (Individual physically present at the delivery) HEP B IMMUNIZATION GIVEN Yes OR No **ACKNOWLEDGMENT OF PATERNITY Yes OR No** 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 LEGIBLY carefully and accurately as errors are difficult and expensive to correct. Call (936) 266-3605 when forms are ready or if you have any questions. CHILD'S PLACE OF BIRTH Name of Hospital or Location Address State CHI ST. LUKE'S HEALTH-THE WOODLANDS HOSPITAL 17200 ST. LUKE'S WAY **TEXAS** County Zip Code **MONTGOMERY** THE WOODLANDS 77384 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 MOTHER'S CURRENT LEGAL NAME First Name Middle Name Last Name Suffix **CHILD'S LEGAL NAME** (PLEASE INDICATE CHILD'S SEX) ☐ MALE ☐ FEMALE 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 Are you Inside the City Limits within your city? ☐ Yes □ No 9/2011 MOTHER'S MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK) Mailing Address Apartment Number State/Foreign Country

Zip Code / Extension

Inside City Limits?

☐ Yes ☐ No

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City/Town/Location

Mother's email address:							
MOTHER'S INFORMATION	MOTHER'S	TELEPHONE #					
Date of Birth Place of	of Birth indicate (State/Foreign Country/Territo	ry) only	Social Security #				
Apply for Baby's Social Security Card?	e Child?	Date Rights Given Up?					
☐ Yes ☐ No	☐ Yes ☐ No						
Occupation Type of Business (examples Restaurant, Education, Oil & Gas)							
		· · · · · · · · · · · · · · · · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>				
Mother's Education	Is Mother of Hispania Origin?	What is Mother's	Page 2				
	Is Mother of Hispanic Origin?						
□ 8 th grade or less	□ No, not Spanish / Hispanic / Latina	□ White	□ Vietnamese				
□ 9 th − 12 th grade, no diploma	☐ Yes, Mexican, Mexican American, Chicana	☐ Black/African Ame					
☐ High School graduate or GED completed	☐ Yes, Puerto Rican	☐ American Indian/A					
☐ Some College credit, but no degree	☐ Yes, Cuban	(Name of the enrolled or principal tribe) ☐ Guamanian or Chamorro					
☐ Associate degree (e.g., AA, AS)	☐ Yes, other Spanish / Hispanic / Latina	☐ Asian Indian	 □ Samoan				
☐ Bachelor's degree (e.g., BA, AB, BS)	Specify	☐ Chinese	☐ Other Pacific Islander				
☐ Master's degree (e.g., MA, MS,		☐ Filipino	Specify				
MEng, MEd, MSW, MBA)	☐ Unknown if Spanish/Hispanic/Latina	☐ Japanese	□ Other				
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS,		☐ Korean	Specify				
DVM, LLB, JD)			☐ Unknown				
MOTHER'S HEALTH INFORMAT	TION						
Did you receive WIC for this Birth?	Height Weight before Pr	egnancy	Weight at Delivery				
☐ Yes ☐ No							
How man	ny cigarettes did you smoke befor	e and during preg	nancy?				
		· · · ·	•				
	Three Months Before Cigs/Day: Packs/Day: First Three Months Cigs/Day: Packs/Day:						
Second Three Months Cigs/Day	r: Packs/Day: Third	Trimester C	igs/Day: Packs/Day:				
MOTHER'S MARITAL STATUS	(Please read carefully)						
 If you are not married, the father Acknowledgment of Pater If you are or have been married someone other than the b Paternity must also includ 	d may be listed as the father on the bar's name may be listed on the birth conity. to someone other than the biological iological father within 300 days before a Denial of Paternity from your hus listed on the birth certificate.	ertificate only if both I father of this child, re this child's birth, t	or have been married to the Acknowledgment of				
☐ Yes , Currently Married	☐ Yes , Never Married	Yes, Divorced	☐ Yes , Widowed				
☐ Yes, Married – (no paternity inf	formation on birth certificate)						
Have you been married to someor	ne other than the biological father in	the 300 days before	the child's birth? Yes No				
Do you want to complete an Ackno	owledgement of Paternity? Yes	□ No					
MOTHER'S NAME PRIOR TO HE	ER FIRST MARRIAGE						
First Name Middle Name Last Name Suffix							

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Date of Birth Place of Birth indicate (State/Foreign Country/Territory) only Social Security # Cocupation Type of Business (examples Restaurant, Education, Oil & Gas)	Legal First Name	Middle Name		Last Name	Last Name				
Occupation Type of Business (examples Restaurant, Education, Oil & Gas) Father's Education Is Father of Hispanic Origin? No, not Spanish / Hispanic / Latino Is Father's Race? Is P-12" grade, no diploma Is High School graduate or GED completed In Some College credit, but no degree In Some Col									
State Stat	Date of Birth	Place of Birth i	ndicate (State/Foreign C	Country/Territory) only	Social S	Security #			
Father's Education B * grade or less			, ,	, , , , , , , , , , , , , , , , , , ,		,			
Father's Education B * grade or less		l							
S ^o grade or less	Occupation Type of Business (examples Restaurant, Education, Oil & Gas)								
S [®] grade or less									
Percent Perc	Father's Education	Is Father of Hispanic Origin? What is Father's Race?							
High School graduate or GED completed	☐ 8 th grade or less	☐ No, not Spanish / I	Hispanic / Latino	□ White		□ Vietnamese			
Yes, Puerto Rican Yes, Cuban Germent Yes, Cuban Yes,	☐ 9 th – 12 th grade, no diploma		kican American,	☐ Black/African Americar	1	☐ Other Asian			
Asian Indian	completed	☐ Yes, Puerto Rican							
Associate degree (e.g., AA, AS) Specify Chinese Chinese Specify Specify Japanese Hillion Specify Japanese Hillion Specify Japanese Korean Specify Unknown Unknown Unknown Unknown Unknown	•								
Bachelor's degree (e.g., BA, AB, BS) IMaster's degree (e.g., MA, MS, MEn, MEd, MSV, MEn, MEd, MSV, MBA) Doctorate (e.g., FND, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) Professional degree (e.g., MD, DDS, DVM, LLB, JD) Has Paternity – Genetic Testing Been Done? Mailing Address Apartment Number Yes			•						
BS) Master's degree (e.g., MA, MS, MEn), MSton, MEn, MEng, MEd, MSkW, MEA) Doctorate (e.g., Fib., EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) DS, DVM, LLB, JD) Has Paternity – Genetic Testing Been Done?		Specify							
Meng, Merd, Merd		☐ Unknown if Spanis	h/Hisnanic/Latina						
Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		onknown ii opanis	in/i noparno/Latina						
Professional degree (e.g., MD, DDS, DVM, LLB, JD) Has Patemity – Genetic Testing Been Done? Mailing Address Apartment Number Yes	· · · · · · · · · · · · · · · · · · ·			□ Korean					
State/Foreign Country/Territory City/Town/Location State/Foreign Country/Territory City/Town/Location PRESUMED FATHER'S 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 MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number	Professional degree (e.g., MD,					□ Unknown			
State/Foreign Country/Territory City/Town/Location State/Foreign Country/Territory City/Town/Location PRESUMED FATHER'S 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 MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number									
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PRESUMED FATHER'S 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 MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number	☐ Yes ☐ No								
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	State/Foreign Country/Territory	City/Town/Loc	ation		Zip Coo	de / Extension			
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									
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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		•							
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City/Town/Location Zip Code Extension MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number	First Name	Middle Name		_ast Name		Suffix			
City/Town/Location Zip Code Extension MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number									
MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number	Mailing Address	Mailing Address Apr			State/Foreign Country/Territory				
MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number									
MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable) Mother's Medicaid Name Mother's Medicaid Number	City/Town/Location	Zip Code Exte	nsion	l I					
Mother's Medicaid Name Mother's Medicaid Number	,								
Mother's Medicaid Name Mother's Medicaid Number									
	MOTHER'S MEDICAID INFOR	RMATION (Comp	lete <u>ONLY</u> if applic	cable)					
IMMTDAC DEGISTRY	Mother's Medicaid Name Mother's Medicaid Number								
IMMTDAC PEGISTRY									
INNINITRAC NEGISTRT									
Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to	Do you consent for your baby's	s immunization info	rmation to be include	ded in the statewide Immi	unizatio	n Registry and to			
share the immunization information with registered providers? Yes No (You still have to fill out IMMTRAC Texas Immunization Registry form regardless if you Grant or Deny consents) Do not discard this form.		_	•	•					

FATHER'S TELEPHONE #

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FATHER'S INFORMATION (Biological father)