

Mother's Worksheet for Child's Birth Certificate

Mother's medical record # _____ Child'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

City

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

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

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Mother's email address: _____

MOTHER'S INFORMATION

MOTHER'S TELEPHONE # _____

| | | |
|---------------|--|-------------------|
| Date of Birth | Place of Birth indicate (State/Foreign Country/Territory) only | Social Security # |
| | | |

| | | |
|--|---|---------------------------|
| Apply for Baby's Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did Mother Give up Rights to the Child? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Rights Given Up? |
|--|---|---------------------------|

| | |
|------------|--|
| Occupation | Type of Business (examples Restaurant, Education, Oil & Gas) |
| | |

| | | |
|--|---|--|
| 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="checkbox"/> Unknown if Spanish/Hispanic/Latina | 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="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="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify _____ <input type="checkbox"/> Other _____ Specify _____ <input type="checkbox"/> Unknown |
|--|---|--|

MOTHER'S HEALTH INFORMATION

| | | | |
|---|--------|-------------------------|--------------------|
| Did you receive WIC for this Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No | Height | Weight before Pregnancy | Weight at Delivery |
| | | | |

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: _____ |

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 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"/> Yes, Currently Married | <input type="checkbox"/> Yes, Never Married | <input type="checkbox"/> Yes, Divorced | <input type="checkbox"/> Yes, Widowed |
|--|--|---|--|

Yes, Married – (no 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? **Yes** **No**

MOTHER'S NAME PRIOR TO HER FIRST MARRIAGE

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

FATHER'S INFORMATION (Biological father)

FATHER'S TELEPHONE # _____

Legal 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 #

| | | |
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Occupation

Type of Business (examples Restaurant, Education, Oil & Gas)

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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 _____
- Unknown if Spanish/Hispanic/Latina

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 _____ Specify _____
- Unknown

Has Paternity – Genetic Testing Been Done?

Mailing Address

Apartment Number

 Yes No

State/Foreign Country/Territory

City/Town/Location

Zip Code / Extension

| | | |
|--|--|--|
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PRESUMED FATHER'S INFORMATION (Complete ONLY if applicable)

Date of Birth

Social Security

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First Name

Middle Name

Last Name

Suffix

| | | | |
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Mailing Address

Apartment Number

State/Foreign Country/Territory

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City/Town/Location

Zip Code Extension

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MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable)

Mother's Medicaid Name

Mother's Medicaid Number

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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? 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.