
Parent's Worksheet for Child's Birth Certificate



Now that you have welcomed your baby to the world there is one more thing you must do. It is time for you to provide information, so that your child's birth certificate can be created. Please read and complete the attached "**Worksheet for Child's Birth Certificate**" to ensure a birth certificate is created for your child.

Parent's Worksheet for Child's Birth Certificate

Please complete the information below and verify that all fields are completed correctly as this information will be used to create the birth certificate for your child. **Remember**, the birth certificate will be used by your child throughout their life for legal purposes to prove their age, citizenship, and parentage. Therefore, it is very important that the information provided is correct.

Please review the information to avoid any errors on the birth certificate.

Case ID Number

Child's Tab			
First Name:			
Middle Name:			
Last Name:			
Suffix (Jr., III, etc.):			
Date of Birth:	Sex/Gender	Request Social Security Number for Child: <input type="checkbox"/> Yes, parent wants a card issued <input type="checkbox"/> No, parent does not want a card issued	
Mother's Tab			
Mother/Parent Current Name			
First Name:			
Middle Name:			
Last Name:			
Mother/Parent Name Before First Marriage			
First Name:			
Middle Name:			
Last Name:			
Mother/Parent Birthplace			
Date of Birth:	Social Security Number:	Birthplace State:	
Birthplace Country:		Mother's Telephone Number: _____-_____-_____	
Mother/Parent Address			
Residence Address			
Street Number and Name:			
Zip Code:	City or Town:	County:	
State:	Inside of City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Mailing Address			
Is the mailing address the same as residence address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, complete the mailing address below</i>			
Street Number and Name:			Apartment No.:
Zip Code:	City or Town:	State:	
County:			

Mother/Parent Attributes					
Education		Hispanic Origin (Select all that apply)		Which one or more of the following is your race? (Select all that apply)	
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th 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, etc.) <input type="checkbox"/> Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.) <input type="checkbox"/> Unknown		<input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino (specify): _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (specify) <input type="checkbox"/> American Indian-Eastern Band of Cherokee Indian <input type="checkbox"/> Eastern Band of Cherokee <input type="checkbox"/> Coharie <input type="checkbox"/> Lumbee <input type="checkbox"/> Haiwa-Saponi <input type="checkbox"/> Sappony <input type="checkbox"/> Meherrin <input type="checkbox"/> Occaneechi Band of Saponi Nation Waccamaw-Siouan <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> White <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
Mother/Parent Health Tab					
Did Mother get WIC food for herself during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Height (feet/inches) <div> <div>Feet</div> <div>Inches</div> </div>		Mother Pre-pregnancy Weight (pounds) <div>Pounds</div>		Mother Weight at Delivery (pounds) <div>Pounds</div>	
Cigarette smoking per day before and/or during pregnancy Tobacco use during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <div> <div>Three months before pregnancy</div> <div>Number</div> <div>Packs</div> <div>Cigarettes</div> </div> <div> <div>First three months of pregnancy</div> <div>Number</div> <div>Packs</div> <div>Cigarettes</div> </div> <div> <div>Second three months of pregnancy</div> <div>Number</div> <div>Packs</div> <div>Cigarettes</div> </div> <div> <div>Last trimester of pregnancy</div> <div>Number</div> <div>Packs</div> <div>Cigarettes</div> </div>					
Prenatal Tab					
Total of Previous Live Births Live birth now living: _____ Now deceased: _____ Date of last live birth ____/____/____		Total number of other pregnancy outcomes (Spontaneous -miscarriage or Induced Terminations - abortion) Number of other pregnancy outcomes: _____ Date of last other pregnancy outcome (miscarriage/abortion): ____/____ (Month/Year)			

Marital Status Tab			
Marital Information			
Mother ever married? <input type="checkbox"/> Never married <input type="checkbox"/> Currently Married <input type="checkbox"/> Divorced: ____/____/____ <input type="checkbox"/> Married but refusing husbands information <input type="checkbox"/> Preemptive Court Order <input type="checkbox"/> Widowed - Date ____/____/____ <input type="checkbox"/> Separated		Was mother married at conception, birth or anytime between conception and birth? <input type="checkbox"/> Yes, spouse is legal parent <input type="checkbox"/> No <input type="checkbox"/> Yes, but spouse is not legal parent <input type="checkbox"/> Unknown <input type="checkbox"/> Mother refusing father information	
Affidavit of Parentage (AOP): If the parents are not married, do you and the baby's father intend to complete an AOP in which he acknowledges that he is the natural father and accepts legal responsibility for the child? Both parents must be in agreement and present to complete the AOP form. If you are not married, and an affidavit of parentage is not completed, information about the father cannot be included on the birth certificate (the father will not be listed on the child's birth certificate). <input type="checkbox"/> Yes, I would like to complete an Affidavit of Parentage (AOP) form. <input type="checkbox"/> No, I do not choose to complete an Affidavit of Parentage form and understand the father will not appear on the birth certificate.			
Father/Parent Tab			
Father/Parent Name			
First			
Middle			
Last			
Suffix (Jr., III, etc.):	Date of Birth:		
Birthplace State	Birthplace Country:		
Residence Address			
Same as mother's residence address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Number and Name:			Apartment No.:
Zip Code:	City or Town:	County:	
State:	Inside of City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Father/Parent Birthplace and Mailing Address			
Mailing Street Address:			Apartment No.:
Mailing Zip Code:	Mailing City or Town:	Mailing State:	
Mailing County:			
Father/Parent Attributes			
Education		Which one or more of the following is your race? (Select all that apply)	
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th 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, etc.) <input type="checkbox"/> Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.) <input type="checkbox"/> Unknown	<input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino <input type="checkbox"/> Unknown	
Which one or more of the following is your race? (Select all that apply) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American Indian or Alaska Native <input type="checkbox"/> American Indian-Eastern Band or Cherokee Indian <input type="checkbox"/> Eastern Band of Cherokee <input type="checkbox"/> Coharie <input type="checkbox"/> Lumbee <input type="checkbox"/> Haliwa-Sapano <input type="checkbox"/> Occaneechi Band of Saponi Nation <input type="checkbox"/> Waccamaw-Siouan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Korean		<input type="checkbox"/> Sappony <input type="checkbox"/> Meherrin <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> White <input type="checkbox"/> Samoan <input type="checkbox"/> Unknown	

Informant's Tab	
Relationship of informant (individual providing the information on the application) to baby? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify) _____	
Informant Name	
First	
Middle	
Last	

I acknowledge that I have reviewed all the information provided on this birth application and attest that the information is correct. I understand that I will be given another opportunity to review this information on the Mother's Worksheet. I understand that it is my responsibility to identify any errors and report them to the hospital before the birth is registered. I also understand that if an error is found after the birth certificate has been registered, I will be responsible for completing an amendment with the North Carolina State Vital Records Office and any fees associated with the birth certificate being corrected.

Mother/Parent Signature:

Date

Father/Parent Signature (if applicable)

Date