

Bureau of Vital Statistics 125 Worth St. New York, NY 10013 April 2021

Dear New Mother/Parent (Person Giving Birth),

The New York City Department of Health and Mental Hygiene (NYC Health Department) issues your child's birth certificate. A birth certificate is the permanent legal record of your child's birth and is used as proof of your child's age, citizenship and parentage. The information you provide is required by law. Unless you complete this form correctly, we cannot create an accurate birth certificate for your child.

Information about your education, race, smoking, height and weight before pregnancy are collected for public health purposes. Additional questions labeled "QI" (Quality Improvement) are requested by the New York State (NYS) Department of Health to learn more about the quality of prenatal care New Yorkers are receiving. NYC and NYS laws protect against the unlawful release of birth certificate information to ensure the confidentiality of you and your child.

- It is extremely important that you provide complete and accurate information to questions on this worksheet. Please print all information clearly.
- The worksheet **must** be completed in English. If you are not able to complete it in English by yourself, or if you have any questions, please call the hospital Birth Registrar at _____.
- The worksheet **must** be completed and returned to the Birth Registrar within 24 hours of the birth of your child.

For Facility Birth Registration Tracking Purposes

Mother/F	Parent Worksheet - Data Collected	for Registration of N	lewborn Birth Certificate
Mother/Parent's		Mother/Parent's Name:	
Medical Record		Momery rurem s rume.	
Number:			
Child's Medical		Child's Date	
Record Number:		of Birth:	
	Number delivered this pregnancy	If more than one, bi	rth order of this child

Please print all names exactly as you would like them to appear on the birth certificate. To change this information in the future, you will be required to submit a correction application to the Health Department.

Child							
1. What will be your child's legal name ?	Child's FIRST Name	Child's MIDDLE Name(s)	Child's LAST Name		Suffix (Jr., III, etc.)		
2. Do you want a Social Security number (SSN) and card for your shild? \Box Yes \Box No							

2. Do you want a Social Security number (SSN) and card for your child? As long as you have provided the legal first and last name of your newborn child above, you may request an SSN for your child. The Health Department will send the request to the Social Security Administration at the time the certificate is filed. If you do not request this now, you will need to contact Social Security directly to obtain an SSN for your child. The hospital, birth facility and Health Department will not be responsible for making the request on your behalf.

If yes, the card will be mailed to Mother/Parent's Mailing Address by the Social Security Administration.

Mother/Parent (Person Giving Birth)

3. What is your current	Mother/Parent's First Name		Mother/Parent's Middle Name	Mother/	/Parent's Legal Last Name	Suffix	
legal name?							
4. What is your maiden name? Name prior to first marriage	My maiden name is Mother/Parent's First Name	my current legal	name Mother/Parent's Middle Name	Mother/	/Parent's Legal Last Name	Suffix	
						1	
5-7. What is your date of birth, current age and sex ? "X" means a gender that is not exclusively male or female (that is, a non-binary gender identity)		Date of Mother/ Parent's Birth	/ /	Year	Current Age	Sex Female Male X	
8. What is your Social Security Number? Providing parents' SSNs is required by Federal Law, 42 USC 405(c) (Section 205c of the Social Security Act). The numbers will be made available to the NYS Office		Mother/Parent's SSN	□ I do not have an SSN		Father/Parent's SSN will be information section, if applic	requested in the Father/Parent's able.	
of Temporary and Disability Assistance to assist with child support enforcement activities and to the Internal Revenue Service (IRS) through the Social Security		Your signature below indicates that the information regarding the Social Security number on this form is correct.					
Administration for the purpose of determining Earne	ed Income Tax Credit compliance.	Mother/Parent's Signatur	e		l	Date	
						/ / Month Day Year	

Mother/Parent's Birthplace

9. Where were you born?	City	State (if not in Uni	State (if not in United States (U.S.), please indicate country)		
10. If you were born outside of the U.S., how long have you lived in the U.S.?		Years lived in U.S.	OR If less than one year:	Months lived in U.S.	

Mother/Parent's Address

11. Where do you usually live?	Street Address (do not enter a PO Box or In C	are of (c/o))		Apt. Number	If NYC, County (borough)			
Where is your household physically located?					🗆 New York (Manhattan)			
If not in U.S., please indicate address, city and country.	City State	ZIP Code	Country		_ Bronx 			
					Queens Richmond (Staten Island)			
	Do you live within the city limits specified above? Yes No Outside NYC (Specify County):							
12. What is your mailing address?	🗆 Same as my usual resid	ence above						
This is where the birth certificate will be mailed. The first copy of the birth certificate is free .	No mailing address (If no	ed to pick it up at the Health Department.)					
	If mailing address is In Care of (c/o), please	indicate here:						
	In Care of (another person or organization/a	gency)						
	Street Address (PO Box is not permitted in a 1	NYC mailing address)			Apt. Number			
	City		State ZI	P Code Country				
13. What are your telephone numbers?	Day			Evening				
•	()	Ext	·	()				

Mother/Parent's Attributes

14. Education: What is the highest level of school that you completed at the time of your baby's delivery? Check (X) one box only	8th grade or less; none Associate degree (for example, AA, AS) 9th-12th grade, no diploma Bachelor's degree for example, BA, AB, BS) High school graduate or GED Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) Some college credit, but no degree Doctorate (for example, PhD, EdD) or Professional degree (for example, MD, DDS, DVM, LLB, JD)					
15. Were you employed during the pregnancy?						
16. What is your current/most recent occupation/job ?	Occupation (For example: cashier, bank teller, nurse, attorney, etc.)					
17. What industry did you perform this occupation/job? Do not give the name of the business but write what type of business it is.	Industry (For example: restaurant, banking, health care, legal, etc.)					
18. What is your ancestry ? Check (X) one box and specify what you most consider yourself to be.	Hispanic/Latino (For example: Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify:					
	Not Hispanic/Latino (For example: Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify:					
19. What is your race ?	🗆 White 🔅 Filipino 🔅 Native Hawaiian					
Race is defined by U.S. Census. Hispanic/Latino is not a race according	🗆 Black or African American 🔲 Japanese 🗌 Guamanian or Chamorro					
to the U.S. Census. For Hispanic ancestry, please use Question 18.	American Indian or Alaska Native 🔲 Korean 🗌 Samoan					
Check (X) all that apply and specify where indicated.	(name of enrolled or principal tribe) 🗌 Vietnamese 🗌 Other Pacific Islander (specify)					
	Conter Asian (specify)					
	Asian Indian Other (specify)					
	□ Chinese					

Mother/Parent's Health

20.	Did you participate in WIC during this pregnancy? (Special supplemental nutrition for Woman, Infants and Children.)	🗆 Yes	□ No			
21.	What is your height ?	Height			Pre-Pregnancy Weigh	ıt
22.	What was your pre-pregnancy weight?		Feet	Inches		pounds
23.	Did you smoke cigarettes in the three months before or during this pregnancy?	□ No	Please answer Time Period Three months First three mor Second three n	below. Enter 0 if none dur	ber of cigarettes per day or packs per day y ing any of these periods Number of Cigarettes per day OR 	
24.	Did you use alcohol during this pregnancy?	🗆 Yes	□ No			
25a.	Did you work with a doula (a trained birth assistant) during this pregnancy?	🗆 Yes	□ No □	Do Not Know		
	What was the doula's name and organization (if applica Was the doula present during your labor and/or deliv		=		a provided support in-person	Do Not Know

Quality Improvement (QI) questions 26, 27, 28, 29 and 30 are voluntary and asked for the NYS Department of Health – all QI answers are confidential and used for public health purposes only.

26.	(QI) did you receive prenatal care (medical	No - Skip to Question 27 Yes - If yes, please answer the following: During any of your prenata a) How smoking during pregnancy could affect your baby?	l care visits, did a doctor	r, nurse or other health care worker talk with y e) Birth control methods to use after your	, .	ed below?	
	care for this pregnancy)	b) How drinking alcohol during your pregnancy could affect your baby?	🗆 Yes 🗆 No	f) What to do if your labor starts early?	•••	🗆 Yes 🗆 No	
	before admission for this delivery?	 c) How using illegal drugs could affect your baby? d) How long to wait before having another baby? 	□ Yes □ No □ Yes □ No	g) How to keep from getting HIV (the virus h) Physical abuse to women by their husba		□ Yes □ No □ Yes □ No	
27.	27. (QI) How many times per week during your current pregnancy did you exercise for 30 minutes or more, aside from your usual activities?						
28.	28. (QI) Did you have any problems with your gums at any time during pregnancy (for example, swollen or bleeding gums)?						
29. (QI) During your pregnancy, would you say that you were: Check (X) one box only							
30.	(QI) Thinking back to just b you feel about becomin	efore you were pregnant, how did ng pregnant? Check (x) one box only	 You wanted to You wanted to 	o be pregnant sooner o be pregnant later o be pregnant then ınt to be pregnant then or at any time ir	the future		

If you want the name of the child's father/parent to appear on the birth certificate, you must provide accurate and complete information as outlined below and submit a completed form to the hospital Birth Registrar.

And

- 1) If married, ask the hospital what is necessary to ensure the other parent's name appears as the legal parent of your child on the birth certificate; or
- 2) If married and more than one person could be the other parent of the child, you must go to Family Court to establish parentage; or
- 3) If you are not married and the child is not the subject of a surrogacy agreement, both you and the alleged parent can sign an acknowledgment of parentage form in the presence of two unrelated witnesses; or
- 4) If your circumstances are not covered by the above, speak with the hospital Birth Registrar.

Father/Parent's Information For Live Birth To Be Completed By Mother/Parent Or Father/Parent

Father/Parent

31. What is the name of your baby's father/parent prior to the father/parent's first marriage (name at birth)? Please write father/parent name exactly as you would like it to appear on the certificate. To change this information in the future, you will be required to submit a correction application to the Health Department.	nt's First Name	Father/Parent's Middle Nor	ne(s)	Father/Parent's	Last Name		Suffix (Jr., III, etc.)
32-34. What is the father/parent's date of birth,	Date of Father, Parent's Birth	/ / / /	 Yea	r	Current Age	Sex	 Female Male X
35. What is the father/parent's Social Security number ? Providing parents' SSNs is required by Federal Law, 42 USC 405(c) (Section 205c of 1 available to the NYS Office of Temporary and Disability Assistance to assist with child Revenue Service (IRS) through the Social Security Administration for the purpose of d	the Social Se I support enfo	prcement activities and to the Internal		Father/Parent's	SSN		bes not have an SSN
Father/Parent's Birthplace							
36. Where was the father/parent born ?	City	State (If not in U	I.S., please	e indicate country)	Country		
37. If the father/parent was born outside of the U.S., how long have they lived in the U.S.?	Years lived in U.S. If less t			OR Months lived in U.S			
Father/Parent's Attributes							
38. Education: What is the highest level of school that the father/parent completed at the time of your baby's delivery? Check (x) one box only	e	 8th grade or less; none 9th-12th grade, no diploma High school graduate or GED Some college credit, but no degree 		Bachelor's degree f Master's degree (fe Doctorate (for examination	or example, AA, AS) for example, BA, AB, BS or example,. MA, MS, MI mple, PhD, EdD) or Prof DDS, DVM, LLB, JD)	ing, MEd, MSV	
39. What is the father/parent's current or most recent occupation/job ?		Occupation (For example: cashier, bank teller, r	nurse, atto	rney, etc.)			
40. In what industry did they perform this occupation/job? Do not give the name of the business, but write what type of business it is	f	ndustry (For example: restaurant, banking, hea	alth care, l	egal, etc.)			
41. What is the father/parent's ancestry ? Check (X) one box only and specify what the father/parent most consider themselves to be.	rs	Hispanic/Latino (For example: Mexican, Pu Specify:	, African A	merican, Haitian, P	akistani, Ukrainian, Nige	rian, Taiwane	se, etc.)
42. What is the father/parent's race ? Race is defined by the U.S. Census. Hispanic/Latino is not a race according		Black or African American	Filip Filip Jap	anese		lative Hawaiic Juamanian or	

(name of enrolled or principal tribe)

Asian Indian

□ Chinese

Vietnamese

Other Asian (specify)

U.S. Census. For Hispanic/Latino ancestry, please use Question 40. Check (X) all that apply and specify where indicated.

Other Pacific Islander (specify)

Other (specify)