



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/Parent Worksheet - Data Collected for Registration of Newborn Birth Certificate**

Mother/Parent’s  
Medical Record  
Number:

Mother/Parent’s Name:

Child’s Medical  
Record Number:

Child’s Date  
of Birth:

Number delivered this pregnancy

If more than one, birth order of this child



## Mother/Parent's Attributes

<p>14. <b>Education:</b> What is the highest level of school that you <b>completed</b> at the time of your baby's delivery? Check (X) <b>one</b> box only</p>	<input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (for example, AA, AS) <input type="checkbox"/> Bachelor's degree for example, BA, AB, BS) <input type="checkbox"/> Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (for example, PhD, EdD) or Professional degree (for example, MD, DDS, DVM, LLB, JD)															
<p>15. Were you <b>employed</b> during the pregnancy?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>															
<p>16. What is your current/most recent <b>occupation/job</b>?</p>	Occupation (For example: cashier, bank teller, nurse, attorney, etc.) _____															
<p>17. What <b>industry</b> did you perform this occupation/job? Do not give the name of the business but write what type of business it is.</p>	Industry (For example: restaurant, banking, health care, legal, etc.) _____															
<p>18. What is your <b>ancestry</b>? Check (X) <b>one</b> box and specify what you most consider yourself to be.</p>	<input type="checkbox"/> <b>Hispanic/Latino</b> (For example: Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify: _____ <input type="checkbox"/> <b>Not Hispanic/Latino</b> (For example: Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify: _____															
<p>19. What is your <b>race</b>? Race is defined by U.S. Census. Hispanic/Latino is not a race according to the U.S. Census. For Hispanic ancestry, please use Question 18. Check (X) <b>all</b> that apply and specify where indicated.</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian _____</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Other Pacific Islander (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Other Asian (specify) _____</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>	<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Asian Indian _____	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander (specify) _____	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Other (specify) _____
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## Mother/Parent's Health

<p>20. Did you participate in <b>WIC</b> during this pregnancy? (Special supplemental nutrition for Woman, Infants and Children.)</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																				
<p>21. What is your <b>height</b>?</p>	Height _____ Feet _____ Inches Pre-Pregnancy Weight _____ pounds																				
<p>22. What was your <b>pre-pregnancy weight</b>?</p>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> If yes, what was the average number of cigarettes per day or packs per day you smoked during the following times? Please answer below. Enter 0 if <b>none</b> during any of these periods <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Time Period</th> <th style="text-align: center;">Number of Cigarettes per day</th> <th style="text-align: center;">OR</th> <th style="text-align: center;">Number of Packs per day</th> </tr> </thead> <tbody> <tr> <td>Three months before your pregnancy</td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>First three months of your pregnancy</td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Second three months of your pregnancy</td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Third three months of your pregnancy</td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	Time Period	Number of Cigarettes per day	OR	Number of Packs per day	Three months before your pregnancy	_____		_____	First three months of your pregnancy	_____		_____	Second three months of your pregnancy	_____		_____	Third three months of your pregnancy	_____		_____
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Third three months of your pregnancy	_____		_____																		
<p>23. Did you smoke <b>cigarettes</b> in the three months before or during this pregnancy?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																				
<p>24. Did you use <b>alcohol</b> during this pregnancy?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																				
<p>25a. Did you work with a <b>doula</b> (a trained birth assistant) during this pregnancy?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Do Not Know</b>																				
<p>25b. What was the doula's name and organization (if applicable)?</p>	Name (first, last): _____ Organization: _____ <input type="checkbox"/> <b>Do Not Know</b>																				
<p>25c. Was the doula present during your labor and/or delivery?</p>	Check (X) <b>all</b> that apply <input type="checkbox"/> <b>Yes</b> , the doula provided support in-person <input type="checkbox"/> <b>Yes</b> , the doula provided support virtually (for example, over the phone, Zoom, FaceTime) <input type="checkbox"/> <b>No</b>																				

**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.**

<p>26. <b>(QI)</b> did you receive <b>prenatal care</b> (medical care for this pregnancy) before admission for this delivery?</p>	<input type="checkbox"/> <b>No</b> - Skip to Question 27 <input type="checkbox"/> <b>Yes</b> - If yes, please answer the following: During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about any of the things listed below? <table style="width: 100%; border: none;"> <tr> <td>a) How smoking during pregnancy could affect your baby?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> <td>e) Birth control methods to use after your pregnancy?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> </tr> <tr> <td>b) How drinking alcohol during your pregnancy could affect your baby?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> <td>f) What to do if your labor starts early?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> </tr> <tr> <td>c) How using illegal drugs could affect your baby?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> <td>g) How to keep from getting HIV (the virus that causes AIDS)?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> </tr> <tr> <td>d) How long to wait before having another baby?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> <td>h) Physical abuse to women by their husbands or partners?</td> <td><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></td> </tr> </table>	a) How smoking during pregnancy could affect your baby?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	e) Birth control methods to use after your pregnancy?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	b) How drinking alcohol during your pregnancy could affect your baby?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	f) What to do if your labor starts early?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	c) How using illegal drugs could affect your baby?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	g) How to keep from getting HIV (the virus that causes AIDS)?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	d) How long to wait before having another baby?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	h) Physical abuse to women by their husbands or partners?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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<p>27. <b>(QI)</b> How many times per week during your current pregnancy did you <b>exercise</b> for 30 minutes or more, aside from your usual activities?</p>	_____ Times per week																
<p>28. <b>(QI)</b> Did you have any problems with your <b>gums</b> at any time during pregnancy (for example, swollen or bleeding gums)?</p>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>																
<p>29. <b>(QI)</b> During your pregnancy, would you say that you were: Check (X) <b>one</b> box only</p>	<input type="checkbox"/> <b>Not depressed at all</b> <input type="checkbox"/> <b>A little depressed</b> <input type="checkbox"/> <b>Very depressed and did not receive help</b> <input type="checkbox"/> <b>Moderately depressed</b> <input type="checkbox"/> <b>Very depressed and did receive help</b>																
<p>30. <b>(QI)</b> Thinking back to just before you were pregnant, how did you feel about becoming pregnant? Check (X) <b>one</b> box only</p>	<input type="checkbox"/> <b>You wanted to be pregnant sooner</b> <input type="checkbox"/> <b>You wanted to be pregnant later</b> <input type="checkbox"/> <b>You wanted to be pregnant then</b> <input type="checkbox"/> <b>You didn't want to be pregnant then or at any time in the future</b>																

**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**

<p>31. What is the <b>name</b> 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.</p>	<p>Father/Parent's First Name</p>	<p>Father/Parent's Middle Name(s)</p>	<p>Father/Parent's Last Name</p>	<p>Suffix (Jr., III, etc.)</p>
<p>32-34. What is the father/parent's <b>date of birth, current age, and sex</b>? "X" means a gender that is not exclusively male or female (that is, a non-binary gender identity)</p>	<p>Date of Father/Parent's Birth</p> <p align="center">____ / ____ / ____ Month Day Year</p>		<p>Current Age</p> <p align="center">____</p>	<p>Sex</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> X</p>
<p>35. What is the father/parent's <b>Social Security number</b>? 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 of Temporary and Disability Assistance to assist with child support enforcement activities and to the Internal Revenue Service (IRS) through the Social Security Administration for the purpose of determining Earned Income Tax Credit compliance.</p>	<p>Father/Parent's SSN</p> <p align="center">____ - ____ - ____</p>		<p><input type="checkbox"/> Father/Parent does not have an SSN</p> <p align="center">Mother/Parent's signature on previous page confirms that the above SSN is correct</p>	

**Father/Parent's Birthplace**

<p>36. Where was the father/parent <b>born</b>?</p>	<p>City</p>	<p>State (If not in U.S., please indicate country)</p>	<p>Country</p>
<p>37. If the father/parent was born outside of the U.S., how long have they lived in the U.S.?</p>	<p>Years lived in U.S.</p> <p align="center">____</p>	<p align="center">OR If less than one year:</p>	<p>Months lived in U.S.</p> <p align="center">____</p>

**Father/Parent's Attributes**

<p>38. <b>Education:</b> What is the highest level of school that the father/parent <b>completed</b> at the time of your baby's delivery? Check (X) <b>one</b> box only</p>	<p><input type="checkbox"/> 8th grade or less; none</p> <p><input type="checkbox"/> 9th-12th grade, no diploma</p> <p><input type="checkbox"/> High school graduate or GED</p> <p><input type="checkbox"/> Some college credit, but no degree</p> <p><input type="checkbox"/> Associate degree (for example, AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree for example, BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (for example, PhD, EdD) or Professional degree (for example, MD, DDS, DVM, LLB, JD)</p>															
<p>39. What is the father/parent's current or most recent <b>occupation/job</b>?</p>	<p>Occupation (For example: cashier, bank teller, nurse, attorney, etc.)</p> <p>_____</p>															
<p>40. In what <b>industry</b> did they perform this occupation/job? Do not give the name of the business, but write what type of business it is.</p>	<p>Industry (For example: restaurant, banking, health care, legal, etc.)</p> <p>_____</p>															
<p>41. What is the father/parent's <b>ancestry</b>? Check (X) <b>one</b> box only and specify what the father/parent most considers themselves to be.</p>	<p><input type="checkbox"/> Hispanic/Latino (For example: Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify: _____</p> <p><input type="checkbox"/> <b>Not</b> Hispanic/Latino (For example: Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify: _____</p>															
<p>42. What is the father/parent's <b>race</b>? Race is defined by the U.S. Census. Hispanic/Latino is not a race according to the U.S. Census. For Hispanic/Latino ancestry, please use Question 40. Check (X) <b>all</b> that apply and specify where indicated.</p>	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Other Pacific Islander (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Other Asian (specify) _____</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>	<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander (specify) _____	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Other (specify) _____
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