

**VERMONT DEPARTMENT OF HEALTH**

**PARENT'S WORKSHEET FOR CHILD'S BIRTH CERTIFICATE**

Please answer completely the Child, Mother, and Father or Parent sections. Social security numbers are required by Federal law, 42 USC 405(c)(2), and by VT law, 18 VSA §5071(b). Only information identifying the child and the parents will be recorded on the child's birth certificate and filed with the Town Clerk and the VT Dept. of Health. Social security numbers will not appear on the birth certificate. Under the authority of the Privacy Act, the information collected under the EAB process will be used by the SSA for various programs operated by the SSA, including the release of information to state and federal agencies for the verification of citizenship. The Department is providing the link to the SSA privacy notice: <http://www.ssa.gov/foia/bluebook/60-0058.htm>. Also, the VT Office of Child Support may use social security numbers only for child support enforcement. Other personal and medical information will become part of the confidential statistical file maintained by the VT Dept. of Health, and will not appear on your child's birth certificate.

<b>CHILD'S INFORMATION</b>			
1. CHILD'S NAME First _____	2. DATE OF BIRTH (MM/DD/YYYY) / /		
Middle _____	3. TIME OF BIRTH _____ AM _____ PM		
Last _____ Suffix (Sr., Jr., II, III, etc.) _____	4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>MOTHER'S INFORMATION</b>			
5. MOTHER'S CURRENT LEGAL NAME First _____	6. DATE OF BIRTH (MM/DD/YYYY) / /		
Middle _____	7a. BIRTHPLACE (State, Territory, or Foreign Country)	7b. IF CANADA, include Province	
Last _____ Suffix _____	8. MOTHER'S SOCIAL SECURITY NUMBER		
9. MOTHER'S BIRTH NAME	10. DO YOU WANT A SOCIAL SECURITY CARD AUTOMATICALLY ISSUED FOR YOUR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. SAFE AT HOME PARTICIPANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, authorization number: _____		
12a. MOTHER MARRIED AT TIME OF BIRTH, CONCEPTION, OR ANY TIME BETWEEN? <input type="checkbox"/> Yes (Complete FATHER'S OR PARENT'S INFORMATION) <input type="checkbox"/> No	12b. IF NO: MOTHER PARTY TO A VT CIVIL UNION? <input type="checkbox"/> Yes (Complete PARENT'S INFORMATION) <input type="checkbox"/> No		
	12c. HAS A VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY BEEN SIGNED? <input type="checkbox"/> Yes (Complete FATHER'S INFORMATION) <input type="checkbox"/> No		
13a. RESIDENCE: NUMBER AND STREET	13b. CITY OR TOWN		
13c. STATE OR FOREIGN COUNTRY (IF CANADA, include Province)	13d. ZIP CODE	14. TELEPHONE NUMBER ( )	
15. MOTHER'S MAILING ADDRESS: <input type="checkbox"/> Same as residence, OR: Number & Street: _____ City or Town: _____ State: _____ Zip Code: _____			
16. MOTHER'S EDUCATION (Check the box that best describes highest degree or level of school completed at the time of delivery.) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> 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)	17. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.) <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): _____	18. MOTHER'S RACE (Check <i>one or more</i> races to indicate what the mother considers herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or 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 (Specify): _____ <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): _____	
19. MOTHER'S PREPREGNANCY WEIGHT (Pounds)	22. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY AVERAGE NUMBER OF CIGARETTES OR PACKS PER DAY: IF NONE, ENTER "0" FOR EACH TIME PERIOD		
20. MOTHER'S HEIGHT Feet: _____ Inches: _____	# of cigarettes	# packs	# of cigarettes # packs
21. DID MOTHER GET WIC FOOD FOR HERSELF DURING PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No	Three Months Before Pregnancy _____ OR _____	Second Three Months Of Pregnancy _____ OR _____	
	First Three Months Of Pregnancy _____ OR _____	Third Trimester Of Pregnancy _____ OR _____	

FATHER'S OR PARENT'S INFORMATION		
23. FATHER'S OR PARENT'S CURRENT LEGAL NAME		24. DATE OF BIRTH (MM/DD/YYYY)
First		<input type="checkbox"/> Male <input type="checkbox"/> Female
Middle		26a. BIRTHPLACE (State, Territory, or Foreign Country)
Last	Suffix	26b. IF CANADA, include Province
27. FATHER'S OR PARENT'S SOCIAL SECURITY NUMBER		
28. FATHER'S OR PARENT'S MAILING ADDRESS:		
Number & Street:	City or Town:	State: Zip Code:
29. FATHER'S OR PARENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery.)	30. FATHER OR PARENT OF HISPANIC ORIGIN? (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latino/Latina. Check the "No" box if father/parent is not Spanish/Hispanic/Latino/Latina.)	31. FATHER'S OR PARENT'S RACE (Check <i>one or more</i> races to indicate what the father/parent considers himself/herself to be.)
<input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> 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)	<input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify): _____	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or 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 (Specify): _____ <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): _____

OPTIONAL SIGNATURE:

I agree that the above information is accurate:

Date:

If not baby's mother; relationship:  Baby's father or parent  Other relative  Hospital employee  Other, please specify:

DEPARTMENT OF HEALTH  
VERMONT CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

STATE FILE NUMBER

**CHILD**

1. CHILD'S NAME - (FIRST, MIDDLE, LAST, SUFFIX)		2a. DATE OF BIRTH - (MONTH, DAY, YEAR)	2b. TIME OF BIRTH
3. SEX	4a. PLURALITY - SINGLE, TWIN, ETC. (SPECIFY)	4b. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY)	5a. PLACE OF BIRTH
5b. CITY OR TOWN OF BIRTH		5c. FACILITY NAME - (IF NOT IN FACILITY, GIVE STREET ADDRESS AND NUMBER)	

**PARENTS**

6. NAME - (FIRST, MIDDLE, LAST, SUFFIX)		7. DATE OF BIRTH - (MONTH, DAY, YEAR)	
8. LAST NAME AT BIRTH		9. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)	
10a. RESIDENCE - STREET AND NUMBER		10b. CITY OR TOWN	10c. STATE
11. NAME - (FIRST, MIDDLE, LAST, SUFFIX)		12. DATE OF BIRTH - (MONTH, DAY, YEAR)	
13. BIRTHPLACE - (STATE OR FOREIGN COUNTRY)			

**CERTIFIER**

14a. CERTIFIER'S NAME		14b. TITLE	14c. DATE CERTIFIED - (MONTH, DAY, YEAR)
15a. ATTENDANT'S NAME - (IF OTHER THAN CERTIFIER)		15b. TITLE	

**REGISTRAR**

16a. REGISTRAR - SIGNATURE		16b. DATE RECEIVED BY LOCAL REGISTRAR - (MONTH, DAY, YEAR)	
17a. TRUE COPY - CLERK SIGNATURE	17b. TOWN	17c. DATE - (MONTH, DAY, YEAR)	
ATTEST			

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

TO BE SIGNED  
BY THE  
REGISTRAR  
IN COPY  
ONLY

