

## WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

**Your child's birth certificate lasts forever. Please be certain the information on the certificate is accurate and complete *before* you sign it.**

- The birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take several weeks to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website at:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

### **Common mistakes that require amendments or court orders:**

- Misspelled first, middle, and last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Reversed order of last names (surnames)
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Errors on birth certificates  
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but an amendment is attached to create a **two-page** document.

- ✓ Parents, please review the information on the birth certificate carefully before you sign it.
- ✓ Your signature confirms that you have reviewed the information and that the facts are correct.

***Amendment forms may be obtained at the local health department or county recorder's office.***



## Importance of Collecting Complete and Accurate Birth Certificate Information

Why is the birth certificate information collected?

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The birth certificate information is collected based on California Health and Safety Code Section (H&SC) 102425. This law lists all the information required to be on the California birth certificate. This law also makes all medical information confidential.

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What is the birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor, and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm babies, maternal deaths, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC (Women Infants Children), etc.

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What birth certificate information is confidential on the birth certificate?

All medical information is considered confidential and not released to the public. This includes the parents' race, education, occupation, social security number(s), and address. The only persons that may access the confidential information are the California Department of Public Health, local county health department, persons with a valid scientific interest as determined by the State Registrar and Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, and the child named on the birth certificate. Reference H&SC 102430.

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What if the parent does not want to provide the information?

All information is required by law with the exception of the parents' race, occupation, education, and social security number(s). Although not required, race, occupation, and education are very important for understanding and eliminating negative outcomes and developing needed programs.

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Who collects the birth certificate information?

The birth certificate information is collected by the birth clerk and it is sent to the local county health department who forwards it to the California Department of Public Health - Vital Records.

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Who should I contact if I still have questions?

Please contact the California Department of Public Health - Vital Records at (916) 445-8494.

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# CERTIFICATE OF LIVE BIRTH WORKSHEET

PLEASE COMPLETE THIS INFORMATION TO PREPARE  
YOUR CHILD'S BIRTH CERTIFICATE

**FOR HOSPITAL USE ONLY:**

ROOM: \_\_\_\_\_ MR: \_\_\_\_\_  
DELIVERY DR: \_\_\_\_\_  
CLERK INITIAL: \_\_\_\_\_  
DATE GIVEN TO PARENT(S): \_\_\_\_\_  
DATE COMPLETED: \_\_\_\_\_

**NAME OF CHILD:**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

SEX: MALE \_\_\_ FEMALE \_\_\_ UNK \_\_\_ WAS THIS BIRTH: SINGLE \_\_\_ TWIN \_\_\_ TRIPLET \_\_\_ QUAD \_\_\_ OTHER \_\_\_

IF MULTIPLE, THIS CHILD: 1<sup>ST</sup> \_\_\_ 2<sup>ND</sup> \_\_\_ 3<sup>RD</sup> \_\_\_ 4<sup>TH</sup> \_\_\_ OTHER \_\_\_ (CHECK APPROPRIATE ENTRY)

CHILD'S DATE OF BIRTH: \_\_\_\_\_ TIME OF BIRTH: \_\_\_\_\_

ARE THE PARENTS MARRIED AND/OR IN A STATE REGISTERED PARTNERSHIP (SRDP)? YES \_\_\_ NO \_\_\_

IF THE PARENTS ARE NOT MARRIED OR IN A SRDP, THEN THE BIOLOGICAL PARENTS MUST SIGN PATERNITY PAPERS TO ADD THE PARENT'S NAME TO THE CHILD'S BIRTH CERTIFICATE. REFERENCE HEALTH AND SAFETY CODE SECTION 102425(a)(4).

**BIRTH NAME OF PARENT NOT GIVING BIRTH (FIELDS 6A, 6B, 6C, ON CHILD'S BIRTH CERTIFICATE):**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SSN: \_\_\_\_\_

RELATIONSHIP TO CHILD: MOTHER  FATHER  PARENT  NOT SPECIFIED

BIRTHPLACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(U.S. STATE OR FOREIGN COUNTRY)

**BIRTH NAME OF PARENT GIVING BIRTH (FIELDS 9A, 9B, 9C, ON CHILD'S BIRTH CERTIFICATE), UNLESS COURT ORDER IS PRESENTED:**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SSN: \_\_\_\_\_

RELATIONSHIP TO CHILD: MOTHER  FATHER  PARENT  NOT SPECIFIED

BIRTHPLACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(U.S. STATE OR FOREIGN COUNTRY)

**GENETIC FATHER INFORMATION (MALE GENETIC CONTRIBUTOR FOR THE CREATION OF THE BABY THROUGH SPERM DONATION OR SEXUAL INTERCOURSE):**

IF HISPANIC, SPECIFY ORIGIN: \_\_\_\_\_

RACE: \_\_\_\_\_ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED \_\_\_ (0-11<sup>TH</sup> GRADE); 12<sup>TH</sup> GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): \_\_\_\_\_

USUAL OCCUPATION: \_\_\_\_\_  
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: \_\_\_\_\_

**GENETIC MOTHER INFORMATION (PERSON THAT SUPPLIED EGG RESULTING IN AN EMBRYO):**

IF HISPANIC, SPECIFY ORIGIN: \_\_\_\_\_

RACE: \_\_\_\_\_ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED \_\_\_\_ (0-11<sup>TH</sup> GRADE);  
12<sup>TH</sup> GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS  
DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): \_\_\_\_\_

USUAL OCCUPATION: \_\_\_\_\_  
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: \_\_\_\_\_

**PARENT GIVING BIRTH RESIDENCE ADDRESS (REQUIRED):** \_\_\_\_\_

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE **NOT** ACCEPTABLE.)

**MAILING ADDRESS (IF DIFFERENT):** \_\_\_\_\_

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE ACCEPTABLE.)

**DID PARENT GIVING BIRTH RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM FOOD DURING PREGNANCY?**

YES  NO  UNKNOWN

**DID THE PARENT GIVING BIRTH SMOKE BEFORE OR DURING THE PREGNANCY? ENTER NUMBER OF CIGARETTES SMOKED PER DAY AS FOLLOWS:**

DURING THE THREE MONTHS PRIOR TO BECOMING PREGNANT: \_\_\_\_\_

DURING THE FIRST THREE MONTHS OF PREGNANCY: \_\_\_\_\_

DURING THE SECOND THREE MONTHS OF PREGNANCY: \_\_\_\_\_

DURING THE LAST THREE MONTHS OF PREGNANCY: \_\_\_\_\_

**PARENT GIVING BIRTH:** PRE PREGNANCY WEIGHT: \_\_\_\_\_ WEIGHT AT DELIVERY: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

**APGAR (1):** \_\_\_\_\_ **APGAR (5):** \_\_\_\_\_ **APGAR (10):** \_\_\_\_\_

**DATE OF LAST NORMAL MENSES:** \_\_\_\_\_ **ESTIMATED CONFINEMENT DATE:** \_\_\_\_\_  
(ESTIMATED DUE DATE AS PROVIDED BY DR)

**DATE OF FIRST PRENATAL CARE VISIT:** \_\_\_\_\_

**PREGNANCY MONTH PRENATAL CARE BEGAN:** \_\_\_\_\_ **DATE OF LAST PRENATAL CARE VISIT:** \_\_\_\_\_  
(e.g., 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, etc.) (DO NOT ENTER DELIVERY DATE)

**NUMBER OF PRENATAL VISITS:** \_\_\_\_\_ (IF UNSURE, ESTIMATE. DO NOT INCLUDE NON-PREGNANCY RELATED VISITS TO ER; VISIT TO CONFIRM PREGNANCY; NUTRITIONIST; DIETITIAN; HEALTH EDUCATOR, ETC. NORMAL PRENATAL VISITS ARE APPROXIMATELY 16.)

**SOURCE OF PAYMENT FOR PRENATAL CARE:** \_\_\_\_\_ **EXPECTED SOURCE OF PAYMENT FOR DELIVERY:** \_\_\_\_\_

**BIRTHWEIGHT IN GRAMS:** \_\_\_\_\_ **OBSTETRIC ESTIMATE OF GESTATION:** \_\_\_\_\_ (COMPLETED WEEKS)

**HEARING RESULTS:**  
PASS BOTH: \_\_\_\_\_ REFER ONE: \_\_\_\_\_ REFER BOTH: \_\_\_\_\_ RESULTS PENDING: \_\_\_\_\_

**NUMBER OF PREVIOUS LIVE BIRTHS:** \_\_\_\_\_ **NUMBER OF LIVE BIRTHS NOW DEAD:** \_\_\_\_\_

**DATE OF LAST LIVE BIRTH:** \_\_\_\_\_ (DO NOT COUNT THIS CHILD)

**NUMBER OF MISCARRIAGES BEFORE 20 WEEKS:** \_\_\_\_\_ **AFTER 20 WEEKS:** \_\_\_\_\_ (DO NOT COUNT ABORTIONS)

**DATE OF LAST MISCARRIAGE:** \_\_\_\_\_ **METHOD OF DELIVERY:** \_\_\_\_\_

## REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH CERTIFICATE PROCESS

NOTICE TO PARENTS: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the web site at [www.cdph.ca.gov](http://www.cdph.ca.gov).

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### NEWBORN AUTOMATIC NUMBER ASSIGNMENT (NANA)

Baby's Name as Reported on Birth Certificate:

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(A SOCIAL SECURITY NUMBER CANNOT BE ISSUED FOR A CHILD THAT HAS NOT BEEN NAMED.)

1. Do you want a Social Security Number (SSN) for your new baby?  
 Yes     No
2. May the Social Security Administration (SSA) share information on when the card is issued with the California Department of Public Health (CDPH)? If you state yes, then SSA will share the date the SSN is issued. In the event you do not receive your child's SSN, CDPH will be able to provide information on the date issued. If you do not allow SSA to share the date information with CDPH, then you will have to work directly with SSA.  
 Yes     No

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, or sex of infant. All other amendments to the birth certificate are the responsibility of the parent.

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Parent's Signature

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Date

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Parent's Printed Name

This form should be completed and signed by the child's parent(s).