

Birth Certificate Intake Form

Please complete the following information, and mail it to the hospital. The questions below are used to complete the child's birth certificate.

Child's Name	First	Middle	Last Name
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Mother's Information:	First	Middle	Maiden Last Name
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Address:

Legally Married? Yes No	State/Country Born in:	Date of Birth:
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Social Security Number: _____ **Date Last worked:** _____

Race: (please circle)	Hispanic: (please circle)	Occupation:	Type of Business/Industry:
Caucasion	No (not hispanic)		
African American	Yes- Mexican	Highest level of Education: (please circle)	
Asian	Yes- Cuban	Highschool Graduate	Years completed _____
Asian-Indian	Yes- Puerto Rican	GED	Bachelors Degree
Other: _____	Other: _____	Associates Degree	Professional Degree

Father's Information:	First	Middle	Last Name
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Address:

	State/Country Born in:	Date of Birth:
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Social Security Number: _____ **Date Last worked:** _____

Race: (please circle)	Hispanic: (please circle)	Occupation:	Type of Business/Industry:
Caucasion	No (not hispanic)		
African American	Yes- Mexican	Highest level of Education: (please circle)	
Asian	Yes- Cuban	Highschool Graduate	Years completed _____
Asian-Indian	Yes- Puerto Rican	GED	Bachelors Degree
Other: _____	Other: _____	Associates Degree	Professional Degree

Confidential Statistical Information on Mother for Healthcare Agency

How many children still living _____	When was your last menstrual period _____
Date of birth for your youngest child _____	What Month (date) did your prenatal care begin _____
How many weeks were you on your first DR visit _____	How often did you visit your DR _____ (# of times)
When was your last DR visit _____	

Have you had a miscarriage in the past **Yes/No** How Many _____? Month/Year _____

Did you receive WIC while you were pregnant Yes/No	Would you like us to order a social security card
Did you smoke throughout your pregnancy Yes/No	For your child Yes/No

Height (in) _____ Weight Before Pregnancy _____ Weight at Delivery _____

If mother and father of child are not married, a paternity form will need to be completed within 24hrs of birth

All Births will be registered with or without a name with the Healthcare Agency within 24hrs of birth.

Our goal is to help