Mother’s Worksheet for Child’s Birth Certificate

Please complete the information requested below before you leave the hospital. This information is required to create your child’s birth certificate, which is a document that will be used for legal purposes to prove your child’s age and parentage. IF YOU DO NOT return the completed form to the hospital’s Medical Records Office, your hospital admission record may be used to file your child’s birth certificate.

It is essential that you accurately answer all questions in their entirety. Health and medical researchers study much of this data to improve maternal-child health. State laws provide protection against the unauthorized release of your information to ensure the confidentiality of the parent(s) and their child.

Please note: Once filed, birth certificates are not automatically provided to the parent(s). To obtain a certified copy of your child’s birth certificate, you must request one, for a fee, at any city or town hall in Rhode Island or at the Center for Vital Records at the Rhode Island Department of Health (open Monday-Friday, 7:30 a.m. to 3:30 p.m.). For more information, please visit www.health.ri.gov or call our Health Information Line at 401-222-5960.

**PLEASE PRINT CLEARLY**

### Child’s Information

1. What will be your baby’s legal name (as it will appear on the birth certificate)?

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Plurality (Single, Twin, etc.) ___________ Birth Order (1st, 2nd, etc.) _______ Date of Birth____/___/____

Time of Birth ____: ______ a.m. / p.m.       Child’s Sex________

2. Hospital name, or if not a hospital birth, street number, name, and city where the birth took place.

<table>
<thead>
<tr>
<th>Name of hospital or address where birth took place</th>
<th>City/Town</th>
</tr>
</thead>
</table>

### Mother’s Information

3a. Please provide your current legal name.

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

3b. Please provide your maiden name (your name as it appears on your birth record prior to your first marriage). *Do not leave blank

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
</table>

4. What is your date of birth and age?

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Age</th>
</tr>
</thead>
</table>

5. In what state, U.S. territory, or foreign country were you born?

<table>
<thead>
<tr>
<th>Name of state, U.S. territory, or foreign country</th>
</tr>
</thead>
</table>
6. What is your Social Security Number?

______/______/______________

7. Marital Status – Please select one and answer within that selection.

☐ Never married – please select below
  ☐ The father and I would like to complete a Voluntary Acknowledgment of Paternity
  ☐ The father and I DO NOT wish to complete a Voluntary Acknowledgment of Paternity

☐ Married

☐ Separated and husband IS NOT the father (please contact hospital birth registration clerk for more information)

☐ Divorced or widowed – please select below
  ☐ The father and I would like to complete a Voluntary Acknowledgment of Paternity
     ☐ Date divorced or widowed (month and year) ________________________
  ☐ The father and I DO NOT wish to complete a Voluntary Acknowledgment of Paternity

The State Office of Vital Records requires both parents to present a valid government-issued ID at time of completing the Voluntary Acknowledgment of Paternity to add the father to the record. If valid ID is not presented at the time of completing the paternity acknowledgement, the father will not be added to the birth record at time of filing.

Social Security Administration: Enumeration at Birth

8a. Social Security Enumeration at Birth

Do you want a Social Security Number issued for your baby? If you answer “Yes”, a Social Security Number will be automatically assigned for your child by the Social Security Administration (SSA), and a card will be sent to your mailing address. If you answer “No”, then you will need to apply for a Social Security Number at your local Social Security office.

☐ Yes [Please sign request below]
☐ No [Go to Question 9a]

8b. I authorize the Rhode Island Department of Health, Office of Vital Records, to provide the Social Security Administration with information from my child’s birth certificate to issue a Social Security Number and card.

Signature of infant’s mother or father __________________________________________ Date __________

(Either parent, or the legal guardian may sign)
CollegeBoundbaby Program and Authorization

9a. The Office of the General Treasurer: CollegeBoundbaby

Would you like $100 for your baby’s future education? Babies born in Rhode Island whose parent(s) is a resident of Rhode Island are eligible to receive a $100 CollegeBoundbaby Grant to help pay for future college, trade, or technical schools. The $100 grant will be held in Rhode Island’s CollegeBound Saver Program until your child enrolls. If you check “Yes” below, your baby will automatically be enrolled in the CollegeBoundbaby program and you will authorize the Rhode Island Department of Health to provide and update the Rhode Island General Treasurer with information from your child’s birth and health record.

☐ Yes [Please sign authorization below]  
☐ No [Go to Question 10]

9b. I authorize the Rhode Island Department of Health to provide the Rhode Island General Treasurer with initial birth information and updates from my child’s birth and health record, including my child’s social security number, for the sole purpose of awarding the $100 CollegeBoundbaby grant and communicating with me about the grant.

Questions? Please refer to the CollegeBoundbaby program or call the Rhode Island General Treasurer at 401-462-7640.

Signature of infant’s mother or father________________________________________ Date___________
(Either parent, or the legal guardian, may sign)

Mother’s Information (Continued)

10. What is your mailing address?
Complete number and street: __________________________________________ Apartment No.________

P. O. Box: _________________

City, Town, or Location: ________________________________

State: ____________________ Zip Code: ___________

If not in the United States, name of Country: ______________________________________________

10a. Please provide your email address
E-Mail: _______________________________________________________

11. Where do you usually live—that is—where is your household/residence located?
☐ Same as mailing [Go to next question]

Complete number and street: __________________________________________ Apartment No. _____

City, Town, or Location: __________________________________________

County: ____________________ State: ______________________

Zip Code: ____________ (or U.S. Territory, Canadian Province)

If not United States, name of Country: ______________________________________________
12. What is the highest level of schooling that you will have completed at the time of delivery? (If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate’s degree (e.g. AA, AS)
- Bachelor’s degree (e.g. BA, AB, BS)
- Master’s degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

13. Please specify the primary language that is spoken in your home:
__________________________

14. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the No box. If Spanish/Hispanic/Latina, check the appropriate box(es).

- No, not Spanish/Hispanic/Latina
- Yes, Spanish/Hispanic/Latina (specify):
  - Mexican, Mexican American, Chicana
  - Puerto Rican
  - Cuban
  - Other Spanish/Hispanic/Latina; specify (e.g. Spaniard, Salvadoran, Dominican, Colombian, etc.)

15. What is your race? (Please check one or more races to indicate what you consider yourself to be).

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe) _________________________________________________
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) __________________________________________
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) __________________________________
- Other (specify) _______________________________________________
**Father/Parent’s Information (only if married or an Affidavit of Paternity is completed and approved)**

16a. Please provide father/parent’s current legal name.

<table>
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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Current Legal Name

16b. Please provide father/parent’s maiden name (name as it appears on your birth record prior to first marriage).

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

17. Father/parent’s date of birth and age

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

18. In what state, U.S. territory, or foreign country was the father/parent born?

<table>
<thead>
<tr>
<th>Name of state, U.S. territory, or foreign country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

19. What is the father/parent’s Social Security Number?

<p>| | | |</p>
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<thead>
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<th></th>
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<tbody>
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<td></td>
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</tbody>
</table>

20. What is the father/parent’s residence address?

- Same as mother’s [Go to next question]

<table>
<thead>
<tr>
<th>Complete number and street:</th>
<th>Apartment No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City, Town, or Location:</th>
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<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>County:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Zip Code:</th>
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</tbody>
</table>

If not United States, name of Country:

<p>| |</p>
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</tr>
</thead>
</table>

21. What is the highest level of schooling the father/parent will have completed at the time of delivery? (If currently enrolled, check the box that indicates the previous grade or highest degree received).

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate’s degree (e.g. AA, AS)
- Bachelor’s degree (e.g. BA, AB, BS)
- Master’s degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
22. Is the father/parent Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the No box. If Spanish/Hispanic/Latino, check the appropriate box(es).

- No, not Spanish/Hispanic/Latino
- Yes, Spanish/Hispanic/Latina (specify):
  - Mexican, Mexican American, Chicano
  - Puerto Rican
  - Cuban
  - Other Spanish/Hispanic/Latina; specify (e.g. Spaniard, Salvadoran, Dominican, Colombian, etc.)

23. What is the father’s/parent’s race? Please check one or more races to indicate what is considered to best represent the father/parent.

- White
- Black or African American
- American Indian or Alaskan Native (name of enrolled or principal tribe) _______________
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify)_______________________
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander_______________________
- Other (specify)_____________________________

Delivery Mother’s Medical and Other Health-Related Information

24. What was your weight at time of delivery (pounds)?

__________ lbs.

25. What was your pre-pregnancy weight; that is, your weight immediately before you became pregnant with this child (pounds)?

__________ lbs.

26. What is your height?

_______ feet _______ inches

27. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

- Yes
- No
- Don’t know
28. Did you receive the Tetanus-Diptheria-Pertussis (Tdap) vaccination during this pregnancy?
    ☐ Yes
    ☐ No
    ☐ Don’t know

29. During the 12 months before the delivery of your new baby, did you receive the Influenza (Flu) vaccination?
    ☐ Yes
    ☐ No
    ☐ Don’t know

30. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.

            # of cigarettes          # of packs
    Three months before pregnancy  _________  or  _________
    First Trimester                _________  or  _________
    Second Trimester              _________  or  _________
    Third Trimester               _________  or  _________

31. Did you use alcohol during pregnancy? If so, what was the average number of drinks per week?
    ☐ Yes; Average number of drinks per week: _______________
    ☐ No
    ☐ Don’t know

32. Pregnancy History
    Is this your first pregnancy?
    ☐ Yes
    ☐ No

    If not first pregnancy, please provide:
    Number of previous live births now living: _______
    Number of previous live births now deceased: _______
    Number of other pregnancies where the pregnancy was terminated spontaneously or induced: _______
    Date of last live birth [birth date of previous child born alive] (month, day, year): __________
    Date last pregnancy was terminated spontaneously or induced (month, day, year): __________

33. Prenatal Care
    Did you receive prenatal care?
    ☐ Yes  ☐ No

    Date of your first prenatal care visit (month, day, year): _________________________
    Date of your last prenatal care visit (month, day, year): __________________________
    If unknown, then enter the pregnancy month your prenatal care began: __________
    Total number of prenatal care visits: __________
    Date your last normal menses (period/menstrual cycle) began (month, day, year): __________
### 34. Your Insurance Information

<table>
<thead>
<tr>
<th>How is your insurance paid?</th>
<th>What is the name of the insurance company?</th>
</tr>
</thead>
<tbody>
<tr>
<td>RiteCare/Medicaid (federal or state plan)</td>
<td>Medicaid</td>
</tr>
<tr>
<td>Private (insurance paid by a company)</td>
<td>Blue Cross or Healthmate</td>
</tr>
<tr>
<td>Self-pay (you pay directly to insurance company)</td>
<td>Blue Chip</td>
</tr>
<tr>
<td>Not insured</td>
<td>Tricare</td>
</tr>
<tr>
<td></td>
<td>Neighborhood Health Plan</td>
</tr>
<tr>
<td></td>
<td>Other (specify): ____________________________</td>
</tr>
</tbody>
</table>

**Insurance Number:** _______________________

### Person Providing the Information

I hereby certify that the information I have provided above is correct to the best of my knowledge. I am aware that Rhode Island law imposes a penalty of up to one thousand dollars ($1,000) or imprisonment for up to one year, or both, for any person who willfully and knowingly provides false information.

35a. If you are the mother, please sign here____________________________________

35b. If other than the mother, please sign here ________________________________________________

Please state your relationship to the baby:

- Father of baby
- Hospital employee
- Other relative
- Other, please specify_____________________

Please return this completed birth certificate worksheet to the Medical Records Office as instructed by your hospital.

---

Thank you for taking the time to complete the information requested. The information will serve your child in the years to come, and much of the information collected also will be used by health and medical researchers to study and improve the health of mothers and newborn infants locally and nationally. All information will remain confidential.

Revised 2/7/2018