



Parent's Worksheet for Child's Birth Certificate

Please complete this form **before** you leave the hospital. The Rhode Island Department of Health (RIDOH) is required to have this information to make your child's birth certificate, and the birth certificate will be used for legal purposes to prove your child's age and who their parents are. If you do not return this completed form, your hospital admission record may be used to make your child's birth certificate.

It is important that you answer all questions honestly and completely. Researchers study this information to help improve mothers' and children's health. State laws protect the confidentiality of parent(s) and children, and it does not allow unauthorized sharing of your information.

Birth certificates are not automatically sent to parent(s). To get a certified copy of your child's birth certificate, you can get one at any city or town hall in Rhode Island or at the RIDOH's Center for Vital Records, 6 Harrington Rd, Cranston RI, 02920. You will have to pay to get a certified copy of your child's birth certificate. For more information, visit www.health.ri.gov or call RIDOH's Health Information Line at **401-222-5960**.

Please print clearly.

Baby's Information

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

First _____ Middle _____ Last _____ Suffix _____

Plurality (Single, Twin, etc.) _____ Birth Order (1st, 2nd, etc.) _____

Date of birth ___ / ___ / ___ Time of birth _____ : _____ a.m./p.m. Child's Sex _____

2. Where was your baby born?

If hospital birth: Hospital name _____

If home birth: Address _____ City _____ State _____ ZIP _____

3. Is your Child Spanish/Hispanic/Latino? If your Child is Spanish/Hispanic/Latino, check the appropriate box(es).

- No, not Spanish/Hispanic/Latino
- Yes, Spanish/Hispanic/Latino (specify):
 - Mexican, Mexican American, Chicano
 - Puerto Rican
 - Cuban
 - Dominican
 - Guatemalan
 - Other Spanish/Hispanic/Latino

e.g., Spaniard, Salvadoran, Colombian, etc. (specify): _____

4. What is your Child's Race (Check one or more races to show how you describe your Child.)

- 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
- Cape Verdean
- Portuguese
- Other Pacific Islander (specify): _____
- Other (specify): _____

Social Security Administration: Enumeration at Birth

5. Do you want a Social Security number for your baby?

If you check **Yes**, a Social Security Number will be given to your child by the Social Security Administration (SSA), and your child's social security card will be mailed to you. If you check **No**, then you will need to apply for a Social Security Number at a local Social Security office.

- Yes** [Please sign on the line below.]
- No** [Go to Question 6]

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.

Sign Here: _____
The parent or the legal guardian may sign.

By selecting the following checkboxes, I agree to disclose race and ethnicity and identifying information (i.e., name, Social Security number, and date of birth) on this application to SSA for research and statistical purposes for the following individuals. I understand that this consent does not impact my request to obtain (or not obtain) a Social Security number for my newborn from SSA.

- Child**
- Parent 1**
- Parent 2**

Parent 1 (Delivery Parent) Information

6. Parent 1: Current Legal Name

Title Preference (Please pick one): Mother Father Parent

First _____ Middle _____ Last _____ Suffix _____

7. Parent 1: Maiden Name (your name as it appears on your birth certificate).

If Parent 1's maiden name is the same as the legal name, please check the box below. **Do not leave blank.**

Parent 1 maiden name same as Parent 1 legal name? Yes No

First _____ Middle _____ Last _____ Suffix _____

8. Parent 1: Date of Birth and Age

Month _____ Day _____ Year _____ Age _____

9. In what state or US territory was Parent 1 born? _____

10. In what country was Parent 1 born? _____

11. Parent 1: Social Security Number _____

(If you do not have a social security number, leave this answer blank.)

12. Parent 1: Marital Status

Please choose one marital status and then pick one of the choices below the status category.

Never married Please pick one:

Parent 2 and I would like to complete a *Voluntary Acknowledgment of Parentage*.

Parent 2 and I do not want to complete a *Voluntary Acknowledgment of Parentage*.

Married Please pick one:

Parent 2 and I would like to complete a *Voluntary Acknowledgment of Parentage*.

Parent 2 and I do not want to complete a *Voluntary Acknowledgment of Parentage*.

(You are both automatically recognized as the child's parents if you are married or joined through civil union when your child is born or up to 300 days before your child is born if the marriage has ended.)

Married (Separated) and Parent 2 is not the genetic parent.

(Please complete *Denial of Parentage Form VS-DP1*.)

Divorced or widowed Please pick one:

Parent 2 and I would like to complete a *Voluntary Acknowledgment of Parentage*.

o Date divorced or widowed (month and year) _____

Parent 2 and I do not want to complete a *Voluntary Acknowledgment of Parentage*.

The State Office of Vital Records requires both parents to show a valid government-issued ID when they complete the *Voluntary Acknowledgment of Parentage* to add parent 2 to the birth certificate. If a valid ID is not shown when they complete the *Voluntary Acknowledgment of Parentage*, parent 2 will not be added to the birth certificate at time of filing.

13. Email Address _____

14. Mailing Address

House Number and Street: _____ Apartment: _____ PO box: _____

City/Town/Location: _____ State: _____ ZIP: _____

If not in the United States, name of *country*: _____

15. Where do you usually live? (Where is your house located?)

If same as mailing address, go to the next question.

House Number and Street: _____ Apartment: _____ PO Box: _____

City/Town/Location: _____ State/US Territory/Canadian Province: _____

ZIP: _____ If not in the United States, name of *country*: _____

16. What is the highest grade of school that you completed when you had your baby?

(If you are a student, check the box of the last grade you completed or the highest degree you 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)

17. Primary language that is spoken in your home: _____

18. Are you Spanish/Hispanic/Latino? If you are Spanish/Hispanic/Latino, check the appropriate box(es).

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

19. Race (Check one or more races to show how you describe yourself.)

- 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
- Cape Verdean
- Portuguese
- Other Pacific Islander (specify): _____
- Other (specify): _____

Parent 2 Information

20. Parent 2: Current Legal Name

Title Preference (Please pick one): Mother Father Parent

First _____ Middle _____ Last _____ Suffix _____

21. Parent 2: Maiden Name (your name as it appears on your birth certificate).

If Parent 2's maiden name is the same as the legal name, please check the box below. **Do not leave blank.**

Same as Parent 2 legal name? Yes No

First _____ Middle _____ Last _____ Suffix _____

22. Parent 2: Date of Birth and Age

Month _____ Day _____ Year _____ Age _____

23. In what state or US territory was Parent 2 born? _____

24. In what country was Parent 2 born? _____

25. Parent 2: Social Security Number _____

(If you do not have a social security number, leave this answer blank.)

26. Parent 2: Residence Address (If residence address is the same as Parent 1, check the box below).

Is Parent 2's residence address the same as Parent 1's residence address? Yes No

House Number and Street: _____ Apartment: _____ PO Box: _____

City/Town/Location: _____ State: _____ ZIP: _____

If not in the United States, name of *country*: _____

27. What is the highest grade of school that you completed?

(If you are a student, check the box of the last grade you completed or the highest degree you 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)

28. Is Parent 2 Spanish/Hispanic/Latino? If yes, check the appropriate box(es).

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

29. Race (Check one or more races to show how you describe yourself.)

- 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
- Cape Verdean
- Portuguese
- Other Pacific Islander (specify): _____
- Other (specify): _____

Parent 1 (Delivery Parent) Medical and Other Health-Related Information

30. What was your weight right before you became pregnant with this child? _____ pounds

31. What was your weight when the baby was born? _____ pounds

32. What is your height? _____ Feet _____ Inches

33. Did you receive WIC (Women, Infants, & Children) because you were pregnant with this child?

- Yes
- No
- Don't know

34. Did you get the Tetanus-Diphtheria-Pertussis (Tdap) vaccination while you were pregnant?

- Yes
- No
- Don't know

35. During the 12 months before this baby was born, did you get a flu shot?

- Yes
- No
- Don't know

36. Did you smoke while you were pregnant? This does not include e-cigarettes or non-nicotine based products.

- Yes
- No

	Number of cigarettes per day	Number of packs per day
Three months before pregnancy		
First trimester		
Second trimester		
Third trimester		

37. Did you drink alcohol while you were pregnant?

- Yes; average number of drinks per week: _____
- No
- Don't know

38. Pregnancy History

Is this the first time you were pregnant?

- Yes
- No

If it is not the first time you were pregnant, please tell us (not including this birth):

- Number of previous live births who are still alive: _____
- Number of previous live births who are not living: _____
- Birth date of previous child born alive(month, day, year): _____
- Number of other pregnancies that were terminated spontaneously or induced: _____
- Date last pregnancy was terminated spontaneously or induced (month, day, year): _____

39. Prenatal Care

Did you receive prenatal care?

- Yes
- No
- Date of your first prenatal care visit (month, day, year): _____
- If unknown, then enter the pregnancy month your prenatal care began: _____
- Date of your last prenatal care visit (month, day, year): _____
- Total number of prenatal care visits: _____
- Date your last normal period/menstrual cycle started (month, day, year): _____
- No last normal menses due to Invitro Fertilization Treatment

40. Insurance Information

- How is your insurance paid?
 - Champus/Tricare
 - RiteCare/Medicaid (federal or State plan)
 - Private (insurance paid by a company)
 - Self-pay (no insurance company identified)
 - Indian Health Service
 - Uninsured
- What is the name of your insurance company?
 - Medicaid
 - Blue Cross or Healthmate
 - Blue Chip
 - Tricare
 - United Health Care
 - Tufts Private
 - Tufts Rite Care
 - Neighborhood Health Plan
 - Other (specify): _____

Insurance Policy Number: _____

Person Completing This Form

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 \$1,000 or imprisonment for up to one year, or both, for any person who willfully and knowingly provides false information.

Please sign here:

Please check the box that describes your relationship to the baby:

- Delivery Parent 1
- Parent 2
- Hospital employee
- Other relative
- Other, please specify: _____

Please return this completed form.



*Thank you for taking the time to complete this form.
All information is confidential, and State law prohibits unauthorized sharing of this information.*

Privacy Act Statement: Section 702 of the Social Security Act, as amended, allows SSA to collect race and ethnicity information, which they will use for research and statistical purposes. Providing the information is voluntary; not providing all or part of the information will not affect you. As law permits, SSA may use and share the information you submit, including with other Federal agencies, contractors, grantees, student volunteers, and others, as outlined in the routine uses in System of Records Notice (SORN) 60-0104, available at www.ssa.gov/privacy