

## Birth Certificate Information Sheet

Please complete this worksheet as thoroughly and accurately as possible.

**Baby's Information:**

Name: (if Boy) \_\_\_\_\_  
First
Middle
Last

Name: (if Girl) \_\_\_\_\_  
First
Middle
Last

**Parent(s) Information:**

**Mother of Baby**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

State of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Job Title \_\_\_\_\_ Type of Company \_\_\_\_\_

Current Address-Number/Street (Do NOT use PO Box Number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Current Phone Number \_\_\_\_\_

**Father of Baby**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

State of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

Job Title \_\_\_\_\_ Type of Company \_\_\_\_\_

Current Address-Number/Street (Do NOT use PO Box Number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Current Phone Number \_\_\_\_\_

Married  Single

**Social Security:**

Would you like a Social Security Number issued for your child? Please sign the appropriate line.

(Yes) \_\_\_\_\_ (No) \_\_\_\_\_

**Please complete the following:**

Is the **FATHER** of Spanish/Hispanic/Latino descent?

No (Not Hispanic)  Yes, Cuban  Yes, Puerto Rican  Yes, Mexican  Yes, Other Hispanic (Specify) \_\_\_\_\_

Is the **MOTHER** of Spanish/Hispanic/Latino descent?

No (Not Hispanic)  Yes, Cuban  Yes, Puerto Rican  Yes, Mexican  Yes, Other Hispanic (Specify) \_\_\_\_\_

✓Check at least **ONE** box and you may choose up to **THREE** boxes.

The **FATHER** is:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Black           | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino              |
| <input type="checkbox"/> White           | <input type="checkbox"/> Cambodian    | <input type="checkbox"/> Guamanian             |
| <input type="checkbox"/> Aleut           | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Hawaiian              |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hmong        | <input type="checkbox"/> Pacific Islander      |
| North, South,                            | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Samoan                |
| and Central)                             | <input type="checkbox"/> Korean       | <input type="checkbox"/> Other (Specify) _____ |
| Specify Tribe _____                      | <input type="checkbox"/> Laotian      |  |
|  | <input type="checkbox"/> Thai         |  |
| <input type="checkbox"/> Eskimo          | <input type="checkbox"/> Vietnamese   |  |

The **MOTHER** is:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Black           | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino              |
| <input type="checkbox"/> White           | <input type="checkbox"/> Cambodian    | <input type="checkbox"/> Guamanian             |
| <input type="checkbox"/> Aleut           | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Hawaiian              |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hmong        | <input type="checkbox"/> Pacific Islander      |
| North, South,                            | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Samoan                |
| and Central)                             | <input type="checkbox"/> Korean       | <input type="checkbox"/> Other (Specify) _____ |
| Specify Tribe _____                      | <input type="checkbox"/> Laotian      |  |
|  | <input type="checkbox"/> Thai         |  |
| <input type="checkbox"/> Eskimo          | <input type="checkbox"/> Vietnamese   |  |

**Mother's Medical Information:**

Date of last period: \_\_\_\_/\_\_\_\_/\_\_\_\_ First Prenatal doctor's visit: (month) \_\_\_\_\_ Number of living births (not including this child): \_\_\_\_\_

Date of last live birth: \_\_\_\_\_ Number of miscarriages before 20 weeks: \_\_\_\_\_ Number of miscarriages after 20 weeks: \_\_\_\_\_

Date of last miscarriage: (month) \_\_\_\_\_ (year) \_\_\_\_\_ Number of births no longer living? \_\_\_\_\_

Any complications during pregnancy? \_\_\_\_\_

Did you smoke during pregnancy? \_\_\_\_\_ Number of ultrasounds during pregnancy? \_\_\_\_\_

Would you like your **Baby's birth announced in the newspaper?**  Yes  No Signature: \_\_\_\_\_

The Birth Certificate Clerk will type up the information and bring the legal copy in for you to verify and sign.

**IMPORTANT NOTICE TO UNMARRIED PARENTS**

If the parents of the child are not legally married, the father's name will not be added to the birth certificate unless you: (1) sign a declaration of paternity in the hospital or (2) sign the form later or legally establish paternity through the courts and pay a fee to amend the birth certificate.

**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 Health Services will transmit your request to the Social Security Administration, and a card will be mailed to you 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.

If you choose to participate in this program to obtain a Social Security number for your child, at least one of the parent(s) Social Security numbers must be included on your child's birth certificate. Disclosure of the parent(s) Social Security number is required by 42 USC 405(c)(2) as amended by Section 1090(b) of Public Law 105-34. The Social Security number(s) will be used by the Internal Revenue Service solely for the purpose of administration of tax benefits based on support or residence of a child.

For further information, please contact the Social Security Administration at (800) 772-1213. For certified copies of your child's birth certificate, please contact the health department or the recorder's office of the county where the birth occurred, or you may also obtain certified copies through the state by FAXing your request to (800) 858-5553 or visiting the web site at [www.dhs.ca.gov](http://www.dhs.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 for your new baby?     Yes     No
2. May the Social Security Administration share it with the Department of Health Services?     Yes     No

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Mother or Father's Signature

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Mother's Name (Please Print)

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Medical Record Number

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**Instructions to Birth Clerks:** This consent form is to be completed and signed by the newborn's mother or father. After proper coding of Box F on the birth certificate, **RETAIN THIS FORM** in the mother's medical records.