

# Mother's Worksheet for Child's Birth Certificate

## FOR HOSPITAL USE ONLY:

MOTHER MR# \_\_\_\_\_ NEWBORN MR# \_\_\_\_\_  
 MEDICAID # \_\_\_\_\_ DELIVERING DR \_\_\_\_\_ RM # \_\_\_\_\_

The information you provide on this worksheet is used to create your child's birth certificate. The birth certificate is a legal document used to prove your child's age, citizenship and parentage. Your child will use the birth certificate throughout his/her life. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Please **PRINT** your responses carefully and accurately as errors are difficult and expensive to correct.

### CHILD'S PLACE OF BIRTH

Name of Hospital or Location	Address	State
MEMORIAL HERMANN THE WOODLANDS	9250 PINECROFT	TEXAS
County	City	Zip Code
MONTGOMERY	SHENANDOAH	77380

### CHILD'S INFORMATION

Time of Birth	Date of Birth	Plurality (please circle one)
		Single / Twin / Triplets / Quadruplets / Quintuplets
Birth Order (please circle one)		Number of Infants Born Alive at this Birth? (please circle one)
First / Second / Third / Fourth / Fifth		One / Two / Three / Four / Five

### MOTHER'S CURRENT LEGAL NAME

First Name	Middle Name	Last Name	Suffix

### CHILD'S LEGAL NAME

First Name	Middle Name	Last Name	Suffix

### MOTHER'S RESIDENCE ADDRESS

Residence Address	Apartment Number	State/Foreign Country	County
City/Town/Location	Zip Code / Extension	Inside City Limits?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

### MOTHER'S MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address	Apartment Number	State/Foreign Country	
City/Town/Location	Zip Code / Extension	Inside City Limits?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MOTHER'S INFORMATION

Date of Birth

Place of Birth (State/Foreign Country/Territory)

Social Security

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Apply for Baby's Social Security Card?

Did Mother Give up Rights to the Child?

Date Rights Given Up?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Occupation

Type of Business

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### Mother's Education

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> – 12<sup>th</sup> grade, no diploma
- High School graduate or GED completed
- Some College credit, but no degree
- Associate 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)

### Is Mother of Hispanic Origin?

- No, not Spanish / Hispanic / Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish / Hispanic / Latina Specify \_\_\_\_\_

### What is Mother's Race?

- |   |  |
|---|--|
| <input type="checkbox"/> White  | <input type="checkbox"/> Vietnamese                              |
| <input type="checkbox"/> Black/African American   | <input type="checkbox"/> Other Asian _____                       |
| <input type="checkbox"/> American Indian/Alaska Native<br>(Name of the enrolled or principal tribe) _____ | <input type="checkbox"/> Native Hawaiian                         |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Guamanian or Chamorro                   |
| <input type="checkbox"/> Chinese  | <input type="checkbox"/> Samoan                                  |
| <input type="checkbox"/> Filipino   | <input type="checkbox"/> Other Pacific Islander<br>Specify _____ |
| <input type="checkbox"/> Japanese   | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Korean   | <input type="checkbox"/> Unknown                                 |

## MOTHER'S HEALTH INFORMATION

Did you receive WIC for this Birth?

Height

Weight Before Pregnancy

Weight At Delivery

<input type="checkbox"/> Yes <input type="checkbox"/> No			
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### How many cigarettes did you smoke before and during pregnancy?

**Three Months Before** Cigs/Day: \_\_\_\_\_ Packs/Day: \_\_\_\_\_ **First Three Months** Cigs/Day: \_\_\_\_\_ Packs/Day: \_\_\_\_\_  
**Second Three Months** Cigs/Day: \_\_\_\_\_ Packs/Day: \_\_\_\_\_ **Third Trimester** Cigs/Day: \_\_\_\_\_ Packs/Day: \_\_\_\_\_

## MOTHER'S MARITAL STATUS (Please read carefully)

- If you are married, your husband may be listed as the father on the birth certificate, or the information may be left blank.
- If you are not married, the father's name may be listed on the birth certificate only if both parents complete an Acknowledgment of Paternity.
- If you are or have been married to someone other than the biological father of this child, or have been married to someone other than the biological father within 300 days before this child's birth, the Acknowledgment of Paternity must also include a Denial of Paternity from your husband or former husband to allow the biological father's information to be listed on the birth certificate.

**Yes, Currently Married**

**Yes, Never Married**

**Yes, Divorced**

**Yes, Widowed**

**Yes, Married – (no paternity information on birth certificate)**

Have you been married to someone other than the biological father in the 300 days before the child's birth?  **Yes**  **No**

Do you want to complete an Acknowledgement of Paternity?  **Yes**  **No**

## MOTHER'S NAME PRIOR TO HER FIRST MARRIAGE

First Name

Middle Name

Last Name

Suffix

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**FATHER'S INFORMATION (Biological father)**

Legal First Name	Middle Name	Last Name	Suffix

Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security

Occupation	Type of Business

<b>Father's Education</b> <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some College credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	<b>Is Father of Hispanic Origin?</b> <input type="checkbox"/> No, not Spanish / Hispanic / Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish / Hispanic / Latino Specify _____	<b>What is Father's Race?</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown
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Has Paternity – Genetic Testing Been Done? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mailing Address	Apartment Number

State/Foreign Country/Territory	City/Town/Location	Zip Code / Extension

**PRESUMED FATHER'S INFORMATION (Complete ONLY if applicable)**

Date of Birth	Social Security

First Name	Middle Name	Last Name	Suffix

Mailing Address	Apartment Number	State/Foreign Country/Territory

City/Town/Location	Zip Code Extension

**MOTHER'S MEDICAID INFORMATION (Complete ONLY if applicable)**

Mother's Medicaid Name	Mother's Medicaid Number

**IMMTRAC REGISTRY**

Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to share the immunization information with registered providers? <input type="checkbox"/> Yes <input type="checkbox"/> No
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# Congratulations on the birth of your new Little Texan!

Texas Vital Statistics would like to take this opportunity to answer some most commonly asked questions about birth certificates in Texas. . .

## **“How do I get a copy of my baby’s birth certificate?”**

You can request and purchase a certified copy of your child’s birth certificate from the local registrar’s office located in the city or county where the birth occurred, or from the Texas Vital Statistic office located in Austin, Texas.

A *Certified Birth Certificate* is a permanent legal document filed in the State of Texas that establishes your child’s identity and is used to apply for medical or government services, passports, school admission, etc.

## **“When will I receive my baby’s social security card?”**

If you answered “Yes” to the question, “Apply for baby’s social security number?”, the birth information will be forwarded to the Social Security Administration as soon as the Texas Vital Statistic office receives the data from the hospital. The Social Security Administration then requires 2-3 weeks to process the information. A social security card will be mailed to the mother’s mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

## **“When will I receive my baby’s Medicaid number?”**

If you provided an answer for the questions “Mother’s Medicaid Name?” and “Mother’s Medicaid Number?”, the birth information will be forwarded to the Medicaid office as soon as the Texas Vital Statistic office receives the data from the hospital. Medicaid then requires 2-3 weeks to process the information. An Infant Medicaid card will be mailed to the mother’s mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.