



Maryland Department of Health and Mental Hygiene

Vital Statistics Administration

Dear New Parent(s),

The Vital Statistics Administration of the Maryland Department of Health and Mental Hygiene issues your child's birth certificate. A birth certificate is the legal record of your child's birth. The birth certificate is used as proof of your child's age, citizenship and parentage. The information that you provide is required by law. Unless you complete this form correctly, we cannot create an accurate birth certificate for your child.

Information such as education, race, smoking, height and weight before pregnancy are collected for public health purposes. Maryland laws protect against the unlawful release of birth certificate information to ensure the confidentiality of any information you provide.

- It is very important that you provide complete and accurate information to ALL of the questions. Please print all information clearly.
- This worksheet MUST be completed and returned to the Birth Registrar within 24 hours of the birth of your child.
- If you have any questions, please call the hospital Birth Registrar.

Please print all names exactly as you would like them to appear on the birth certificate.

1. What is the mother's current legal name?

Mother's FIRST Name _____ Mother's MIDDLE Name _____ Mother's LAST Name _____ Suffix (Jr., III, etc.) _____

2. What will be your baby's legal name (as it should appear on the birth certificate)?

Child's FIRST Name _____ Child's MIDDLE Name _____ Child's LAST Name _____ Child's Suffix (Jr., III, etc.) _____

Name not yet chosen

3. Where do you usually live—that is—where is your household/residence located?

Complete number and street: _____, Apartment Number: _____
(Do not enter rural route numbers)

City, Town, or Location: _____, State: _____ Zip Code: _____
(or U.S. Territory, Canadian Province)

County: _____ If NOT United States, country _____

4. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)?

Yes No Don't know

5. What is your mailing address?

Same as residence →

Street: _____, Apartment Number: _____
(Complete street name & number. Do not enter rural route numbers)

City, Town, or Location: _____, State: _____ Zip Code: _____
(or U.S. Territory, Canadian Province)

County: _____ If NOT United States, country _____

6. What is your date of birth? Example: 3 / 4 / 1977

____ / ____ / ____
Month Day Year

7. In what State, U.S. territory, or foreign country were you born? Please specify one of the following:

U.S. State _____ → Go to Question # 9

Or U.S. territory _____ → Go to Question # 9

Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas

Or Foreign country _____

8. If you were NOT born in the U.S. or in a U.S. territory, how many years have you been living in the United States?

Number of years

9. What is the highest level of schooling that you will have completed at the time of delivery? Check (X) ONE box only.

- | | | |
|-------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Master's degree (e.g. MA, MS, MBA) |
| <input type="checkbox"/> 9th - 12th grade, no diploma | <input type="checkbox"/> Associate degree (e.g. AA, AS) | <input type="checkbox"/> Doctorate (e.g. PhD, EdD, MD, JD) |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) | |

10. Are you Spanish/Hispanic/Latina? Please check (X) ALL that apply and specify where indicated.

- | | | |
|----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NO, not Spanish/Hispanic/Latina | <input type="checkbox"/> YES, Mexican, Mexican American, Chicana | <input type="checkbox"/> YES, other Spanish/Hispanic/Latina
(e.g. Salvadoran, Guatemalan, Nicaraguan)
(specify) _____ |
| | <input type="checkbox"/> YES, Puerto Rican | |
| | <input type="checkbox"/> YES, Cuban | |

11. What is your race? Please check (X) ALL that apply and specify where indicated.

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

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

- Yes No Don't know

13. What is your height?

_____ feet _____ inches

14. What was your prepregnancy weight, that is, your weight immediately before you became pregnant with this child?

_____ lbs

15. Did you receive infertility treatment to help you get pregnant with your new baby? This includes fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination and assisted reproduction technology (ART) procedures (e.g., IVF, GIFT and ZIFT).

- Yes
 No → Go to Question # 17

16. Did you use any of the following treatments to help you get pregnant with your new baby? Please check (X) ALL that apply.

- Fertility-enhancing drugs, artificial insemination or intrauterine insemination - Any fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination used to initiate the pregnancy.
- Assisted reproductive technology - Any assisted reproduction technology (ART)/technical procedures (e.g., in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], [ZIFT] used to initiate the pregnancy).

17. 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 0 for each time period.

Time Period	Number of cigarettes per day	OR	Number of packs per day
3 months before pregnancy	_____		_____
First 3 months of pregnancy	_____		_____
Second 3 months of pregnancy	_____		_____
Third trimester of pregnancy	_____		_____

18a. Have you ever been married?

- Yes → Go to Question # 19
- No

18b. If you are NOT married, will you and the father be completing and signing an Affidavit of Paternity for this child? An Affidavit of Paternity allows the father to accept legal responsibility for the child. If you are NOT married, and an Affidavit of Paternity will NOT be completed, information about the father CANNOT be included on the birth certificate. Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the Division of Vital Records.

- YES, an Affidavit of Paternity will be completed → Go to Question # 21
- NO, an Affidavit of Paternity will not be completed → Go to Question # 29a

19. What name did you use prior to your first marriage?

 Mother's FIRST Name Mother's MIDDLE Name(s) Mother's LAST Name Suffix (Jr., III, etc.)

20a. Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?

- Yes → Go to Question # 21
- No

20b. If you were NOT married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth, will you and the father be completing and signing an Affidavit of Paternity for this child? An Affidavit of Paternity allows the father to accept legal responsibility for the child. If you are NOT married, and an Affidavit of Paternity will NOT be completed, information about the father CANNOT be included on the birth certificate. Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the Division of Vital Records.

- YES, an Affidavit of Paternity will be completed
- NO, an Affidavit of Paternity will not be completed → Go to Question # 29a

21. What is the current legal name of your baby's father?

 Father's FIRST Name Father's MIDDLE Name(s) Father's LAST Name Suffix (Jr., III, etc.)

22. What is the father's date of birth? Example: 3 / 4 / 1977

____ / ____ / _____
 Month Day Year

23. In what State, U.S. territory, or foreign country was the father born? Please specify one of the following:

U.S. State _____ → Go to Question # 25

Or U.S. territory _____ → Go to Question # 25
Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas

Or Foreign country _____

24. If the father was NOT born in the U.S. or in a U.S. territory, how many years has the father been living in the United States?

 Number of years

25. If you WILL be completing an Affidavit of Paternity, please complete the following information. The information that you provide is required for the Affidavit of Paternity form.

- Please provide the father's phone number, including area code: (_____) _____
- What is the father's current address? _____
(Complete street name & number)
 State: _____ County: _____
(or U.S. Territory, Canadian Province)
 City, Town, or Location: _____, Zip Code: _____
- What is your phone number, including area code? (_____) _____

26. What is the highest level of schooling that the father will have completed at the time of delivery? Please check (X) ONE box.

- | | | |
|-------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Master's degree (e.g. MA, MS, MBA) |
| <input type="checkbox"/> 9th - 12th grade, no diploma | <input type="checkbox"/> Associate degree (e.g. AA, AS) | <input type="checkbox"/> Doctorate (e.g. PhD, EdD, MD, JD) |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) | |

27. Is the father Spanish/Hispanic/Latino? Please check (X) the appropriate box.

- | | | |
|----------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> NO, not Spanish/Hispanic/Latina | <input type="checkbox"/> YES, Mexican, Mexican American, Chicano | <input type="checkbox"/> YES, other Spanish/Hispanic/Latino
(e.g. Salvadoran, Guatemalan, Nicaraguan)
(specify) _____ |
| | <input type="checkbox"/> YES, Cuban | |
| | <input type="checkbox"/> YES, Puerto Rican | |

28. What is the father's race? Please check (X) ALL that apply and specify where indicated.

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

Parent(s) are required to provide Social Security Number(s) (SSNs) under Federal Law, 42 USC 405(c)(section 205(c) of the Social Security Act. The number(s) will be made available to the Child Support Enforcement Agency to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

29a. What is your SOCIAL SECURITY NUMBER?

Mother's Social Security #: _____

29b. What is the father's SOCIAL SECURITY NUMBER? If you are NOT married, and if an Acknowledgement of Paternity will NOT be completed, leave this item blank.

Father's Social Security #: _____

30a. Do you want a Social Security Number issued for your baby?

Yes

No

If you are the mother, please STOP here. If you are NOT the mother, please go to Question # 31a.

30b. I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the Department of Health to provide the Social Security Administration with the information from this form which is needed to assign a number. Either parent, or the legal guardian, may sign.

Signature of infant's mother or father or legal guardian _____ Date _____

If you are the Mother, please STOP here. If other than the mother, please answer the following questions.

31a. If other than the mother, what is the name of the person providing information for this worksheet?

 First NAME Middle NAME Last NAME Suffix (Jr., III, etc.)

31b. What is your relationship to the baby's mother?

- Father of baby Hospital employee Other relative Other, please specify _____