

Birth Certificate Intake Form

Please complete the following information, and bring it with you when you deliver your baby.

Child's Name	First	Middle	Last Name
---------------------	--------------	---------------	------------------

Mother's Information:	First	Middle	Maiden Last Name
------------------------------	--------------	---------------	-------------------------

Address:

Legally Married? Yes No	State/Country Born in:	Date of Birth:
--	-------------------------------	-----------------------

Social Security Number: _____ **Date Last worked:** _____

Race: (please circle)	Hispanic: (please circle)	Occupation:	Type of Business/Industry:
Caucasion	No (not hispanic)		
African American	Yes- Mexican	Highest level of Education: (please circle)	
Asian	Yes- Cuban	Highschool Graduate	Years completed _____
Asian-Indian	Yes- Puerto Rican	GED	Bachelors Degree
Other: _____	Other: _____	Associates Degree	Professional Degree

Father's Information:	First	Middle	Last Name
------------------------------	--------------	---------------	------------------

Address:

State/Country Born in:	Date of Birth:
-------------------------------	-----------------------

Social Security Number: _____ **Date Last worked:** _____

Race: (please circle)	Hispanic: (please circle)	Occupation:	Type of Business/Industry:
Caucasion	No (not hispanic)		
African American	Yes- Mexican	Highest level of Education: (please circle)	
Asian	Yes- Cuban	Highschool Graduate	Years completed _____
Asian-Indian	Yes- Puerto Rican	GED	Bachelors Degree
Other: _____	Other: _____	Associates Degree	Professional Degree

Confidential Statistical Information on Mother for Healthcare Agency

How many children still living _____	When was your last menstrual period _____
Date of birth for your youngest child _____	What Month (date) did your prenatal care begin _____
How many weeks were you on your first DR visit _____	How often did you visit your DR _____ (# of times)
When was your last DR visit _____	

Have you had a miscarriage in the past **Yes/No** How Many _____? Month/Year _____

Did you receive WIC while you were pregnant Yes/No	Would you like us to order a social security card
Did you smoke throughout your pregnancy Yes/No	For your child Yes/No

Height (in) _____ Weight Before Pregnancy _____ Weight at Delivery _____

If mother and father of child are not married, a paternity form will need to be completed within 24hrs of birth

All births will be registered with or without a name with the Healthcare Agency within 24 hrs of birth.