

**DO NOT TAKE HOME! MUST BE COMPLETED BEFORE DISCHARGED.**

**MOTHER'S BIRTH CERTIFICATE WORKSHEET**

**PLEASE PRINT LEGIBLY - USE INK PEN ONLY**

**SECTION I. CHILD'S INFORMATION**

Name of Child ( <u>First, Middle, Last</u> )	Suffix	Date of Birth	Gender
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**SECTION II. MOTHER'S INFORMATION**

Current Legal Name ( <u>First, Middle, Last</u> )		Full Name prior to FIRST marriage ( <u>First, Middle, Last</u> )			
Date of Birth	Social Security Number		Place of Birth (City, State, & Country if not U.S.)		
Physical Address:		City, State, Zip Code	Parish/County	Apt #	Address within city limits? _____
Of Hispanic Origin (Yes or No)	If yes, what nationality?	Marital Status	Race	Mother's height	Pre-pregnancy weight
Is mother now or has EVER been married? (Yes or No)	If divorced or widow widowed, specify date.	# of previous live births _____ Date of last live birth prior to this birth _____		Did mother smoke or drink while pregnant? If yes, # of cigarettes per day ____ # of drinks per day ____	
Mother's telephone # ( )	Did mother receive WIC while pregnant?	# of terminations or miscarriages _____ Date of last term/misc. _____			
Highest Education (ex. 11 <sup>th</sup> grade, diploma, GED, Some College Credit No Degree, AA, BS, MS, MD, etc.)					
Do you want a Social Security Number for this child? Yes <input type="checkbox"/> No <input type="checkbox"/>			Do you want to enroll child in immunization reminder system? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**\*\*\* If mailing address is different from physical address, please provide here:**

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**► SIGNATURE REQUIRED ON PAGE 2 (OVER)**



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**SECTION III. FATHER'S/PARENT INFORMATION**

Current Legal Name ( <u>First, Middle, Last</u> )				Suffix	
Date of Birth	Social Security Number - -		Place of Birth (City, State, & Country if not U.S.)		
Highest Education (ex. 11 <sup>th</sup> grade, diploma, GED, AA, BS, MS, MD, etc.)	Of Hispanic Origin (Yes or No)	If yes, what nationality?	Race	Telephone Number ( )	

**SECTION IV. (NEEDED IF MOTHER AND FATHER ARE NOT MARRIED)**

\* If you are not married, the father's name may be listed on the birth certificate only if both parents are present to complete an Acknowledgment of Paternity (AOP). The mother and father of the child must provide a valid **picture ID** or **Passport**. The Acknowledgment of Paternity Affidavit will be completed after this worksheet is filled out and given to the birth certificate coordinator.

Mother's Employer – Name & Address ( <u>include city, state and zip code</u> )				Occupation	
Does Mother Have Private Health Insurance (Yes or No)	If Yes, Name of Insurance Company & Policy Number		State Medicaid (Yes or No)		
Father's Address (if different from Mother's)	City, State, Zip Code	Parish/County	Apt #	Is Father under age 18? (Yes or No)	
Father's Employer – Name & Address ( <u>include city, state and zip code</u> )				Occupation	
Does Father Have Private Health Insurance (Yes or No)	If Yes, Name of Insurance Company & Policy Number				

**By signing this form, you are agreeing that you have reviewed this form and all entries on the form are accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

If you have any questions, please call the Birth Certificate Clerk numbers below for your specific campus.

Baptist 504-842-2885

Baton Rouge 225-755-4802

Kenner 504-464-8392

West Bank 504-391-5517

St. Anne 985-537-6841

St. Mary 985-384-2200

Vital Records (504) 593-5100

Lafayette 337-289-7107

Slidell Memorial 985-280-1707