



Registration of a Home Birth

Parent's Guide

Prepared by
State of Connecticut
Department of Public Health
Vital Records Unit



CONGRATULATIONS ON THE BIRTH OF YOUR BABY!

The State of Connecticut wishes to make the filing of your home birth an easy task. There is information that you will need to provide to the Registrar of Vital Records *in the town in which your child was born* in order to register this birth. This booklet will detail the information required for filing this birth event with the town of birth.

The State of Connecticut requires that the birth worksheets be completed immediately following the birth. The parent(s) is responsible for completing the demographic **BIRTH PARENT'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)**.

The **Medical Data Worksheet for the Live Birth Certificate (v2003)** is completed by:

- a) the attending practitioner in attendance at or immediately after the birth, or in the absence of such a person;
- b) the birth parent, the non-birth parent, or in the absence of the non-birth parent and the inability of the birth parent;
- c) any other person in attendance at or immediately after the birth.

The birth must be filed with the Registrar of Vital Records in the town in which the child was born not later than ten days after the birth. Prior to the preparation and filing of the birth certificate, the parent(s) need to provide the town Registrar of Vital Records with documentation to prove both pregnancy and birth.

Affidavit forms are provided in this packet for you to establish proof of pregnancy and proof of birth. They must be completed and signed in front of a Notary Public.

If birth parent and non-birth parent are not married, an Acknowledgment of Parentage form must be completed and signed by the birth parent and the non-birth parent before the non-birth parent's information can be placed on the birth certificate. This form is available at the Vital Records Office in the town of birth.

The State of Connecticut Department of Public Health works in coordination with the Social Security Administration to provide the opportunity for parents to secure a Social Security Number for their newborn. If you would like to have this service provided then read, complete, and sign the form entitled Social Security Number for Newborns, which is provided in this packet.

Also included in this packet is the CT-WiZ handout from the CT DPH Immunization program. CT-WiZ is a registry that maintains a permanent record of your child's immunizations for you and your pediatrician.

In addition, at the time of registration, the Registrar will also request to be provided with proof of residency and with photographic identification. Please refer to the list of acceptable documents.

REQUIRED DOCUMENTATION

The following list details the documentation that you need to provide to the Registrar of Vital Records in order to properly file your home birth. *Please keep in mind that the Registrar has the authority and responsibility to determine that the evidence presented is authentic and true.*

Proof of Pregnancy

(ONE of the following must be provided):

A. Signed and dated report from physician, clinic, or CT licensed midwife that provided prenatal care to the birth parent (this report must be made on physician, clinic, or midwife's letterhead stationery),

-OR-

B. Notarized affidavits from **two adults**, other than the birth parent or the non-birth parent, having firsthand knowledge of the pregnancy,

-OR-

C. A signed and dated report from a practitioner or clinic that provided postpartum care to the birth parent within twenty-four hours after the birth (this report must be made on physician or clinic letterhead stationery).

Proof of Birth

(ALL of the following are required)

A. A notarized affidavit by the birth parent attesting to the date, time, and place of the live birth **as well as notarized affidavits from all adult witnesses to this birth**,

-AND-

B. A signed and dated report from either the physician or clinic providing medical care to the newborn within 24 hours after the birth, or documentation of the earliest date of medical care given to the infant.

Proof of Residency	Proof of Identity
<p>(One of the following may be submitted)</p> <ul style="list-style-type: none">• Mortgage statement or lease agreement which includes birth parent's name and address• Utility bill showing birth parent's name and address• Birth parent's Driver's license• Automobile registration showing birth parent's name and address• Checking account deposit slip showing birth parent's name and address• Birth parent's Voter Registration card• State issued identification card which includes birth parent's residency• Any additional form of documentation deemed necessary by the Registrar of Vital Records	<ul style="list-style-type: none">• Government issued photographic identification, or if a photo ID is not available, at least <u>two</u> of the following:<ul style="list-style-type: none">• Social Security card• Automobile registration• Utility bill showing name and address• Checking account deposit slip showing name and address• Voter registration card• Written verification of identity from employer

PARENT'S CHECKLIST

Did you remember to provide the following information?

- Proof of Pregnancy Documentation
- Proof of Birth Documentation
- Proof of Residency
- Proof of Identity
- Completed Birth Parent's Worksheet For Child Birth Certificate (v2003)
- Completed Medical Data Worksheet for the Live Birth Certificate
- Completed Acknowledgment of Parentage form (if applicable)
- Completed Social Security Number for Newborns form
- Completed Connecticut Higher Education Trust (CHET)

AFFIDAVIT OF BIRTH PARENT TO THE BIRTH

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of Birth Parent)

1. I am over 18 years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. On _____ at _____ I gave birth to my son/daughter (circle one),
(date) (time-denote am or pm)

_____ at _____,
(Full name of child) (number and street address of birthplace)

_____ (Town) _____ (State) _____ (Zip code)

(Printed name of Birth Parent)

(Residence no. and street)

_____ (town) _____ (state) _____ (zip code)

(Signature of Birth Parent)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

**AFFIDAVIT OF NON-BIRTH PARENT TO THE BIRTH
STATE OF CONNECTICUT**

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of Non-Birth Parent)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. On _____ at _____, I witnessed _____
(date) (time- denote am or pm) (Full name of Birth Parent)

give birth to our son/daughter (circle one), _____
(Full name of child)

at _____,
(Number and street address of birthplace) (Town) (State) (Zip code)

(Printed name of Non-Birth Parent)

(Residence no. and street)

(Town) (State) (Zip code)

(Signature of Non-Birth Parent)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE BIRTH
STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. My relationship to the Birth Parent is _____.
(State relationship)

4. On _____ at _____, I witnessed _____
(date) (time-denote am or pm) (full name of Birth Parent)
give birth to their son/daughter (circle one) at _____,
(Number and street address of birthplace)

(town) (state) (zip code)

(Printed name of witness)

(Residence no. and street)

(town) (state) (zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE BIRTH
STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. My relationship to the Birth Parent is _____.
(State relationship)

4. On _____ at _____, I witnessed _____
(date) (time-denote am or pm) (full name of Birth Parent)

give birth to their son/daughter (circle one) at _____,
(Number and street address of birthplace)

(town) (state) (zip code)

(Printed name of witness)

(Residence no. and street)

(town) (state) (zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE PREGNANCY

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. I have known _____ for _____ months/years (circle one).
(Full name of Birth Parent) (number)

4. My relationship to the Birth Parent is _____
(State relationship)

5. I met with _____ on _____ at _____
(Full name of Birth Parent) (date) (place)

6. I observed that Birth Parent was pregnant at the time.

(Printed name of witness)

(Residence no. and street)

_____ (town) _____ (state) _____ (zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE PREGNANCY

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and State)

3. I have known _____ for _____ months/years (circle one).
(Full name of Birth Parent) (number)

4. My relationship to the birth parent is _____.
(State relationship)

5. I met with _____ on _____ at _____
(Full name of Birth Parent) (date) (place)

6. I observed that Birth Parent was pregnant at the time.

(Printed name of witness)

(Residence no. and street)

_____ (Town) _____ (State) _____ (Zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____,

Notary Public

Date Commission Expires: _____

USES OF BIRTH CERTIFICATES

Some of the most common uses of birth certificates are:

1. Establishing the date of birth and age for purposes, such as:
 - entering school
 - obtaining a driver's license
 - proving age for work for minors
 - proving sports eligibility for minors
 - proving age of majority or minority in court cases

2. Establishing a birthplace to prove citizenship for purposes, such as:
 - obtaining a passport
 - entering employment limited to citizens
 - obtaining licenses limited to citizens

3. Establishing family relationships for purposes, such as:
 - proving legal dependency
 - obtaining inheritance benefits
 - receiving insurance payments
 - conducting genealogy research

4. Providing public health information for purposes, such as:
 - evaluating prenatal care
 - immunizing children
 - caring for children with congenital anomalies or abnormal conditions
 - evaluating the needs for health facilities
 - planning and evaluating the effectiveness of family planning programs
 - monitoring risk factors that cause poor pregnancy outcomes

