

BIRTH PARENT'S MEDICAL RECORD #	CHILD'S MEDICAL RECORD #
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BIRTH PARENT'S NAME: _____

REV 01/2022

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**



BIRTH PARENT'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship, and parentage. This document will be used by your child throughout life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of Birth Parents and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

FOR HOSPITAL BIRTHS: DO NOT TAKE THIS FORM HOME. SUBMIT COMPLETED FORM TO THE HOSPITAL BIRTH REGISTRAR PRIOR TO DISCHARGE

FOR HOME BIRTHS: SUBMIT COMPLETED FORM TO REGISTRAR OF VITAL RECORDS IN THE TOWN OF BIRTH

CHILD'S INFORMATION

1a. Child's Legal Name: Print your child's name **EXACTLY** as you want it to appear on the birth certificate. To change it in the future will require a court ordered legal name change.

First
Middle
Last
Generational ID

Child's name not yet chosen

<p>Date of birth of this child</p> <p>____ / ____ / ____</p> <p>Month Day Year</p>	<p>Plurality of this birth</p> <p>Include all infants delivered (alive or dead) in this pregnancy when determining plurality and birth order.</p> <p><input type="checkbox"/> Singleton</p> <p><input type="checkbox"/> Twins</p> <p><input type="checkbox"/> Triplets</p> <p><input type="checkbox"/> Quadruplets</p> <p><input type="checkbox"/> Other _____</p>	<p>Birth Order of this child</p> <p>If a multiple birth, circle the birth order of the child named above.</p> <p><input type="checkbox"/> 1st born</p> <p><input type="checkbox"/> 2nd born</p> <p><input type="checkbox"/> 3rd born</p> <p><input type="checkbox"/> 4th born</p> <p><input type="checkbox"/> Other _____</p>
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INFORMATION ON BIRTH PARENT

2a. Birth Parent's current legal name

First
Middle
Last
Generational ID

2b. Birth Parent's name prior to first marriage (Maiden name; Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

First
Middle
Last
Generational ID

2c. Birth Parent's date of birth ___ / ___ / ___ Month Day Year	2d. Birth Parent's Place of Birth U.S. State _____ U.S. territory _____ (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas) Foreign country _____ If CANADA, provide province _____
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2e. Although your marital status does not print on your child's birth certificate, it is necessary to register the record legally and properly. Failure to provide accurate marital status information can cause legal difficulties throughout your child's life.

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

No *If no, has an Acknowledgement of Parentage been completed? (That is, have you and the Non-Birth Parent signed a State of Connecticut Acknowledgment of Parentage form in which the Non-Birth Parent accepted legal responsibility for the child?)*

Yes, an Acknowledgement of Parentage has been completed.

No, an Acknowledgement of Parentage has not been completed. *(Information about the Non-Birth Parent cannot be included on the birth certificate. Information about the procedures for adding the Non-Birth Parent's information to the Birth Certificate after it has been filed can be obtained from the State Vital Records Office.)*

2f. Birth Parent's Residence:
 Provide the actual street location and the official name of the town/city where your permanent residence is located. For example, the location for paying taxes, voting, etc., but not necessarily used for mailing address.

House Number _____ Street (Do not enter PO Boxes or Rural Route numbers) _____ Apt / Unit _____

City/Town _____ State _____ ZIP code _____

County: _____ If not United States, *country* _____

Is the residence inside city limits? (Non-CT residents only) Yes No Don't know

How long has the Birth Parent lived at the current residence reported above? _____ Years _____ Months

2g. Address where mail is received: Same as residence address above

House Number _____ Street, Rural Route, P.O. Box _____ Apt / Unit _____

City/Town _____ State _____ ZIP code _____

County: _____ If not United States, *country* _____

- 3a. Birth Parent's Spoken Language (check all that apply):**
- | | | |
|---------------------------------------------------------------|-------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> American sign language (ASL) | <input type="checkbox"/> Gujarathi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Khmer | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> Chinese, Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Persian | <input type="checkbox"/> Other Language —specify: _____ |
| <input type="checkbox"/> French (including Cajun, Patois) | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> French Creole (for example, Haitian) | <input type="checkbox"/> Portuguese | |

Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

Please complete both items.

Definition of Hispanic, Latino/a, or Spanish Origin:

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- **“Hispanic, Latino/a, or Spanish origin”** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

3b. Is the Birth Parent Spanish/Hispanic/Latina?

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

_____ (e.g., Spaniard, Salvadoran, Dominican, Columbian)

Definition of Race Categories:

A person may indicate self-identification with two or more races by selecting multiple race categories.

- **“White”** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **“Black or African American”** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- **“American Indian and Alaska Native”** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **“Asian”** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **“Native Hawaiian and Other Pacific Islander”** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

3c. Birth Parent’s Race: Please check one or more races to indicate what they consider themselves to be.

- White
- Black or African American
- American Indian or Alaska Native:

_____ (Name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian: _____

(e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: _____

- Other Race: _____

4a. Birth Parent's Social Security Number:

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

4b. Birth Parent's occupation:

(Ex. Nurse's aide, machine operator, car salesman, student, homemaker)

4c. Birth Parent's type of business/industry:

(Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)

4d. Highest level of schooling the Birth Parent has completed at time of delivery:

Check the box that best describes their education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g., AA, AS, Technical school)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate or Professional degree (e.g., PhD, EdD, MD, LLB)

4e. Did the Birth Parent receive WIC (Women's, Infant & Children) food because of this pregnancy?

- Yes
- No

4f. Did the Birth Parent smoke just before or during this pregnancy? (Do not include e-cigarettes or vaping cigarettes)

- Yes, I smoked during the three months before I became pregnant and/or while I was pregnant.

For the three months before pregnancy, on an average day I smoked: _____ cigs or _____ packs.
During the first 3 months of pregnancy, on an average day I smoked: _____ cigs or _____ packs.
During the second 3 months of pregnancy, on an average day I smoked: _____ cigs or _____ packs.
During the last 3 months of pregnancy, on an average day I smoked: _____ cigs or _____ packs.

- No, I did not smoke during the three months before I became pregnant or while I was pregnant.

4g. Did the Birth Parent use alcohol regularly during this pregnancy? If so, how many drinks did they consume in an average week?

- No, I did not drink regularly during this pregnancy.
- Yes, I drank _____ drinks in **an average week** during this pregnancy.

4h. Birth Parent's height:

_____ feet _____ inches

4i. Birth Parent's weight immediately before they became pregnant with this child:

Pre-pregnancy weight was _____ pounds

INFORMATION ON NON-BIRTH PARENT

Fill in the Non-Birth Parent's information **ONLY** if the parents are legally married to each other or if both parents have signed the VS-56 "ACKNOWLEDGEMENT OF PARENTAGE" form.

5a. Non-Birth Parent's current legal name:

First Middle Last Generational ID

5b. Non-Birth Parent's name prior to first marriage (Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

First Middle Last Generational ID

5c. Non-Birth Parent's date of birth:

___ / ___ / ___

Month Day Year

5d. Non-Birth Parent's Place of Birth:

U.S. State _____

U.S. territory _____
(i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas)

Foreign country _____

If CANADA, provide province _____

6a. Non-Birth Parent's spoken language:

- | | | |
|---------------------------------------------------------------|-------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> American sign language (ASL) | <input type="checkbox"/> Gujarathi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Khmer | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> Chinese, Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Persian | <input type="checkbox"/> Other Language –specify: _____ |
| <input type="checkbox"/> French (including Cajun, Patois) | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> French Creole (for example, Haitian) | <input type="checkbox"/> Portuguese | |

Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

Please complete both items.

Definition of Hispanic, Latino/a, or Spanish Origin:

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- "Hispanic, Latino/a, or Spanish origin" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

6b. Is the Non-Birth Parent Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina:

_____ (e.g., Spaniard, Salvadoran, Dominican, Columbian)

Definition of Race Categories:

- **“White”** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **“Black or African American”** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- **“American Indian and Alaska Native”** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **“Asian”** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **“Native Hawaiian and Other Pacific Islander”** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

6c. Non-Birth Parent’s Race: Please check one or more races to indicate what they consider themselves to be.

- White
- Black or African American
- American Indian or Alaska Native:

_____ (Name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian: _____

(e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: _____

- Other Race: _____

7a. Non-Birth Parent’s Social Security Number:

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

7b. Non-Birth Parent’s occupation:

(Ex. Nurse’s aide, machine operator, car salesman, student, homemaker)

7c. Non-Birth Parent’s type of business/industry:

(Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)

7d. Highest level of schooling the Non-Birth Parent has completed at time of delivery: Check the box that best describes their education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g., AA, AS, Technical school)
- Bachelor’s degree (e.g., BA, AB, BS)
- Master’s degree (e.g., MA, MS, Meng, Med, MSW, MBA)
- Doctorate or Professional degree (e.g., PhD, EdD, MD, LLB)

IMMUNIZATION INFORMATION

All children born in CT are enrolled in the confidential, statewide Immunization Information System called CT WiZ (formerly CIRTS) which maintains your child's vaccination record. If you do not want your child enrolled, you must send a signed written request to opt out of CT WiZ. Include your child's full name and date of birth and mail it to CT Department of Public Health, 410 Capitol Avenue MS 11MUN, Hartford, CT 06134, or fax it to 860-707-1925. By opting out, your child's vaccination record will no longer be available in CT WiZ for you or your baby's doctor.

Please complete the information below.

8a. Pediatrician Information:

Name of baby's doctor: _____
First Middle Last Generational ID

Name of doctor's practice: _____

Town of doctor/clinic: _____

EMERGENCY CONTACT

8b. Emergency Contact Name: _____
First Last

Contact's Telephone #: _____

8c. Birth Parent's Telephone #: _____

Birth Parents Alternate Telephone #: _____

INFORMANT INFORMATION

8d. Informant's Information:

Relationship to this child: Birth Parent Non-Birth Parent Other Relative
 Hospital Employee Other – specify _____

Full name of person providing information in this form:

First Middle Last Generational ID

Signature of Informant: _____ **Date:** _____

FOR HOSPITAL BIRTHS: DO NOT TAKE THIS FORM HOME. SUBMIT COMPLETED FORM TO THE HOSPITAL BIRTH REGISTRAR PRIOR TO DISCHARGE

FOR HOME BIRTHS: SUBMIT COMPLETED FORM TO REGISTRAR OF VITAL RECORDS IN THE TOWN OF BIRTH