



Bureau of Vital Statistics
125 Worth St.
New York, NY 10013

April 2021

Dear New Mother/Parent (Person Giving Birth),

The New York City Department of Health and Mental Hygiene (NYC Health Department) issues your child’s birth certificate. A birth certificate is the permanent legal record of your child’s birth and is used as proof of your child’s age, citizenship and parentage. The information you provide is required by law. Unless you complete this form correctly, we cannot create an accurate birth certificate for your child.

Information about your education, race, smoking, height and weight before pregnancy are collected for public health purposes. Additional questions labeled “QI” (Quality Improvement) are requested by the New York State (NYS) Department of Health to learn more about the quality of prenatal care New Yorkers are receiving. NYC and NYS laws protect against the unlawful release of birth certificate information to ensure the confidentiality of you and your child.

- It is extremely important that you provide complete and accurate information to questions on this worksheet. Please print all information clearly.
- The worksheet **must** be completed in English. If you are not able to complete it in English by yourself, or if you have any questions, please call the hospital Birth Registrar at _____.
- The worksheet **must** be completed and returned to the Birth Registrar within 24 hours of the birth of your child.

For Facility Birth Registration Tracking Purposes

Mother/Parent Worksheet - Data Collected for Registration of Newborn Birth Certificate

Mother/Parent’s
Medical Record
Number:

Mother/Parent’s Name:

Child’s Medical
Record Number:

Child’s Date
of Birth:

Number delivered this pregnancy

If more than one, birth order of this child

Please print all names exactly as you would like them to appear on the birth certificate. To change this information in the future, you will be required to submit a correction application to the Health Department.

Child

If more than one child delivered, birth order of this child: _____

1. What will be your child's legal name?	Child's FIRST Name	Child's MIDDLE Name(s)	Child's LAST Name	Suffix <i>(Jr., III, etc.)</i>
2. Do you want a Social Security number (SSN) and card for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<p>As long as you have provided the legal first and last name of your newborn child above, you may request an SSN for your child. The Health Department will send the request to the Social Security Administration at the time the certificate is filed. If you do not request this now, you will need to contact Social Security directly to obtain an SSN for your child. The hospital, birth facility and Health Department will not be responsible for making the request on your behalf.</p> <p style="text-align: right;"><i>If yes, the card will be mailed to Mother/Parent's Mailing Address by the Social Security Administration.</i></p>				

Mother/Parent (Person Giving Birth)

3. What is your current legal name?	Mother/Parent's First Name	Mother/Parent's Middle Name	Mother/Parent's Legal Last Name	Suffix
4. What is your maiden name? Name prior to first marriage	<input type="checkbox"/> My maiden name is my current legal name			
5-7. What is your date of birth, current age and sex? <small>"X" means a gender that is not exclusively male or female (that is, a non-binary gender identity)</small>	Date of Mother/Parent's Birth	Current Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	
8. What is your Social Security Number? <small>Providing parents' SSNs is required by Federal Law, 42 USC 405(c) (Section 205c of the Social Security Act). The numbers will be made available to the NYS Office of Temporary and Disability Assistance to assist with child support enforcement activities and to the Internal Revenue Service (IRS) through the Social Security Administration for the purpose of determining Earned Income Tax Credit compliance.</small>	Mother/Parent's SSN <input type="checkbox"/> I do not have an SSN		Father/Parent's SSN will be requested in the Father/Parent's information section, if applicable.	
Your signature below indicates that the information regarding the Social Security number on this form is correct.				
Mother/Parent's Signature				Date

Mother/Parent's Birthplace

9. Where were you born?	City	State (if not in United States (U.S.), please indicate country)	Country
10. If you were born outside of the U.S., how long have you lived in the U.S.?	Years lived in U.S.	OR <i>If less than one year:</i>	Months lived in U.S.

Mother/Parent's Address

11. Where do you usually live? <small>Where is your household physically located?</small>	Street Address (do not enter a PO Box or In Care of (c/o))	Apt. Number	If NYC, County (borough)
If not in U.S., please indicate address, city and country.	City	State	ZIP Code
<input type="checkbox"/> New York (Manhattan) <input type="checkbox"/> Bronx <input type="checkbox"/> Kings (Brooklyn) <input type="checkbox"/> Queens <input type="checkbox"/> Richmond (Staten Island)			
Do you live within the city limits specified above? <input type="checkbox"/> Yes <input type="checkbox"/> No Outside NYC (Specify County): _____			
12. What is your mailing address? <small>This is where the birth certificate will be mailed. The first copy of the birth certificate is free.</small>	<input type="checkbox"/> Same as my usual residence above <input type="checkbox"/> No mailing address (If no mailing address, certificate will NOT be mailed; you will need to pick it up at the Health Department.)		
If mailing address is In Care of (c/o), please indicate here:			
In Care of (another person or organization/agency)			
Street Address (PO Box is not permitted in a NYC mailing address)			Apt. Number
City State ZIP Code Country			
13. What are your telephone numbers?	Day Evening		
(_____) _____ - _____ Ext. _____ (_____) _____ - _____			

Mother/Parent's Attributes

<p>14. Education: What is the highest level of school that you completed at the time of your baby's delivery? Check (X) one box only</p>	<input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (for example, AA, AS) <input type="checkbox"/> Bachelor's degree for example, BA, AB, BS) <input type="checkbox"/> Master's degree (for example, MA, MS, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (for example, PhD, EdD) or Professional degree (for example, MD, DDS, DVM, LLB, JD)															
<p>15. Were you employed during the pregnancy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<p>16. What is your current/most recent occupation/job?</p>	Occupation (For example: cashier, bank teller, nurse, attorney, etc.) _____															
<p>17. What industry did you perform this occupation/job? Do not give the name of the business but write what type of business it is.</p>	Industry (For example: restaurant, banking, health care, legal, etc.) _____															
<p>18. What is your ancestry? Check (X) one box and specify what you most consider yourself to be.</p>	<input type="checkbox"/> Hispanic/Latino (For example: Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify: _____ <input type="checkbox"/> Not Hispanic/Latino (For example: Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify: _____															
<p>19. What is your race? Race is defined by U.S. Census. Hispanic/Latino is not a race according to the U.S. Census. For Hispanic ancestry, please use Question 18. Check (X) all that apply and specify where indicated.</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian _____</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Other Pacific Islander (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Other Asian (specify) _____</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>	<input type="checkbox"/> White	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Asian Indian _____	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander (specify) _____	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian (specify) _____	<input type="checkbox"/> Other (specify) _____
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Mother/Parent's Health

<p>20. Did you participate in WIC during this pregnancy? (Special supplemental nutrition for Woman, Infants and Children.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
<p>21. What is your height?</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Height</td> <td style="text-align: center;">Pre-Pregnancy Weight</td> </tr> <tr> <td style="text-align: center;">____ Feet ____ Inches</td> <td style="text-align: center;">____ Pounds</td> </tr> </table>	Height	Pre-Pregnancy Weight	____ Feet ____ Inches	____ Pounds																
Height	Pre-Pregnancy Weight																				
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<p>22. What was your pre-pregnancy weight?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what was the average number of cigarettes per day or packs per day you smoked during the following times? Please answer below. Enter 0 if none during any of these periods																				
<p>23. Did you smoke cigarettes in the three months before or during this pregnancy?</p>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Time Period</th> <th style="text-align: center;">Number of Cigarettes per day</th> <th style="text-align: center;">OR</th> <th style="text-align: center;">Number of Packs per day</th> </tr> </thead> <tbody> <tr> <td>Three months before your pregnancy</td> <td style="text-align: center;">____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">____</td> </tr> <tr> <td>First three months of your pregnancy</td> <td style="text-align: center;">____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">____</td> </tr> <tr> <td>Second three months of your pregnancy</td> <td style="text-align: center;">____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">____</td> </tr> <tr> <td>Third three months of your pregnancy</td> <td style="text-align: center;">____</td> <td style="text-align: center;">OR</td> <td style="text-align: center;">____</td> </tr> </tbody> </table>	Time Period	Number of Cigarettes per day	OR	Number of Packs per day	Three months before your pregnancy	____	OR	____	First three months of your pregnancy	____	OR	____	Second three months of your pregnancy	____	OR	____	Third three months of your pregnancy	____	OR	____
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Second three months of your pregnancy	____	OR	____																		
Third three months of your pregnancy	____	OR	____																		
<p>24. Did you use alcohol during this pregnancy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																				
<p>25a. Did you work with a doula (a trained birth assistant) during this pregnancy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know																				
<p>25b. What was the doula's name and organization (if applicable)?</p>	Name (first, last): _____ Organization: _____ <input type="checkbox"/> Do Not Know																				
<p>25c. Was the doula present during your labor and/or delivery?</p>	Check (X) all that apply <input type="checkbox"/> Yes , the doula provided support in-person <input type="checkbox"/> Yes , the doula provided support virtually (for example, over the phone, Zoom, FaceTime) <input type="checkbox"/> No																				

Quality Improvement (QI) questions 26, 27, 28, 29 and 30 are voluntary and asked for the NYS Department of Health – all QI answers are confidential and used for public health purposes only.

<p>26. (QI) did you receive prenatal care (medical care for this pregnancy) before admission for this delivery?</p>	<input type="checkbox"/> No - Skip to Question 27 <input type="checkbox"/> Yes - If yes, please answer the following: During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about any of the things listed below?		
<p>27. (QI) How many times per week during your current pregnancy did you exercise for 30 minutes or more, aside from your usual activities?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 50%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>28. (QI) Did you have any problems with your gums at any time during pregnancy (for example, swollen or bleeding gums)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>29. (QI) During your pregnancy, would you say that you were: Check (X) one box only</p>	<input type="checkbox"/> Not depressed at all <input type="checkbox"/> A little depressed <input type="checkbox"/> Modately depressed <input type="checkbox"/> Very depressed and did not receive help <input type="checkbox"/> Very depressed and did receive help		
<p>30. (QI) Thinking back to just before you were pregnant, how did you feel about becoming pregnant? Check (X) one box only</p>	<input type="checkbox"/> You wanted to be pregnant sooner <input type="checkbox"/> You wanted to be pregnant later <input type="checkbox"/> You wanted to be pregnant then <input type="checkbox"/> You didn't want to be pregnant then or at any time in the future		

If you want the name of the child's father/parent to appear on the birth certificate, you must provide accurate and complete information as outlined below and submit a completed form to the hospital Birth Registrar.

And

- 1) If married, ask the hospital what is necessary to ensure the other parent's name appears as the legal parent of your child on the birth certificate; or
- 2) If married and more than one person could be the other parent of the child, you must go to Family Court to establish parentage; or
- 3) If you are not married and the child is not the subject of a surrogacy agreement, both you and the alleged parent can sign an acknowledgment of parentage form in the presence of two unrelated witnesses; or
- 4) If your circumstances are not covered by the above, speak with the hospital Birth Registrar.

**Father/Parent's Information For Live Birth
To Be Completed By Mother/Parent Or Father/Parent**

Father/Parent

<p>31. What is the name of your baby's father/parent prior to the father/parent's first marriage (name at birth)? Please write father/parent name exactly as you would like it to appear on the certificate. To change this information in the future, you will be required to submit a correction application to the Health Department.</p>	Father/Parent's First Name	Father/Parent's Middle Name(s)	Father/Parent's Last Name	Suffix (Jr., III, etc.)
<p>32-34. What is the father/parent's date of birth, current age, and sex? "X" means a gender that is not exclusively male or female (that is, a non-binary gender identity)</p>	Date of Father/Parent's Birth ____ / ____ / ____ <i>Month Day Year</i>		Current Age ____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X
<p>35. What is the father/parent's Social Security number? Providing parents' SSNs is required by Federal Law, 42 USC 405(c) (Section 205c of the Social Security Act). The numbers will be made available to the NYS Office of Temporary and Disability Assistance to assist with child support enforcement activities and to the Internal Revenue Service (IRS) through the Social Security Administration for the purpose of determining Earned Income Tax Credit compliance.</p>	Father/Parent's SSN ____ - ____ - ____		<input type="checkbox"/> Father/Parent does not have an SSN Mother/Parent's signature on previous page confirms that the above SSN is correct	

Father/Parent's Birthplace

<p>36. Where was the father/parent born?</p>	City	State (If not in U.S., please indicate country)	Country
<p>37. If the father/parent was born outside of the U.S., how long have they lived in the U.S.?</p>	Years lived in U.S. ____	OR If less than one year:	Months lived in U.S. ____

Father/Parent's Attributes

<p>38. Education: What is the highest level of school that the father/parent completed at the time of your baby's delivery? Check (X) one box only</p>	<input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (for example, AA, AS) <input type="checkbox"/> Bachelor's degree for example, BA, AB, BS) <input type="checkbox"/> Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (for example, PhD, EdD) or Professional degree (for example, MD, DDS, DVM, LLB, JD)
<p>39. What is the father/parent's current or most recent occupation/job?</p>	Occupation (For example: cashier, bank teller, nurse, attorney, etc.) _____
<p>40. In what industry did they perform this occupation/job? Do not give the name of the business, but write what type of business it is.</p>	Industry (For example: restaurant, banking, health care, legal, etc.) _____
<p>41. What is the father/parent's ancestry? Check (X) one box only and specify what the father/parent most considers themselves to be.</p>	<input type="checkbox"/> Hispanic/Latino (For example: Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify: _____ <input type="checkbox"/> Not Hispanic/Latino (For example: Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify: _____
<p>42. What is the father/parent's race? Race is defined by the U.S. Census. Hispanic/Latino is not a race according to the U.S. Census. For Hispanic/Latino ancestry, please use Question 41. Check (X) all that apply and specify where indicated.</p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____