

Parent's Worksheet to Register Birth Information

The information you provide on this worksheet will be used to register your child's birth.

Once registered you can order a copy of your child's birth certificate.

You can also apply for a Social Security card for your child on this worksheet.

How information from the Parent's Worksheet is used

The birth certificate is a legal document used to prove your child's age, citizenship, and parentage throughout their life.

- ***It is important that you provide readable, complete, and accurate information.***
- *Items marked with an (R) are required by law [UCA § 26-2-4(1), UCA § 26-2-22(4), UCA § 78B-15-101 et seq., Utah Uniform Parentage Act] or for administrative purposes.*
- *UCA § 26-2-4(1) mandates the Office of Vital Records to "require at a minimum the data recommended by the federal agency responsible for national vital statistics". This includes both items from this worksheet and information from the birthing center (as defined in UCA §26-21-2(6)) pursuant to UCA §26-2-5(3) & (4). To see items recommended for the standard birth certificate and for data in the birth record see <https://www.cdc.gov/nchs/nvss/revisions-of-the-us-standard-certificates-and-reports.htm>.*
- *Items marked with ‡ are required to get a passport or driver's license.*
- *Utah law requires births to be registered with the State Registrar within 10 days (UCA §26-21-5(2)).*

In addition to legal information, other information from the birth certificate is used by public health and medical researchers to study and improve the health of mothers and newborn infants. This information is optional (Items not marked with an (R)).

- This information will not appear on the birth certificate.
- State laws regulate the release of identifying information from any vital record including this birth registration worksheet to ensure the confidentiality of the parents and their child (UCA §26-2-22).
- By law, information shared is the least necessary to meet the needs of the research or public health need and typically does not include identifying information.

Items not marked by an (R) are optional. By filling out optional information, you are giving your permission for that information to be used as allowed by UCA §26-2-22. If you do not want your information used, please leave that item blank.

THIS WORKSHEET IS NOT AN APPLICATION FOR A BIRTH CERTIFICATE

How do I get a certified copy of a Birth Certificate?

- If you provide your email address on this worksheet you will receive an email when your child's birth has been registered.
- Once the birth is registered, you can order the certificate online at silver.health.utah.gov and pay the fee.
- The footprint card or registration form you receive from the hospital or midwife is not an official birth certificate.

Correcting mistakes, adding, or changing information on the birth certificate

Please make sure your information is registered correctly the first time by filling out this worksheet clearly and completely.

- Use upper and lower case *English standard characters only*.
- Non-standard English characters are not accepted by the Social Security Administration.
- Non-standard characters on a birth certificate require special processes. Your hospital or midwife can give you more information.
- Ask for a copy of the information that has been entered into the birth registration system so that you can check for accuracy.
- If you find mistakes, have them corrected before you leave the location where you gave birth.
- A change to the information after registration can be done by filing an amendment with the Office of Vital Records.
- All changes made to the birth certificate after registration will show as amendments to the original record, so it is important to be sure the information is accurate before it is registered with the State Registrar by the hospital or midwife.

How do I get my child's Social Security Card?

- To order a Social Security Card for your child, be sure to check "Yes" on item #11 and sign the worksheet.
- The card will be mailed in 2-3 weeks to the address listed as the 'Mail To' address in #31.
- *List the names of ALL persons who live at the address on or in the mailbox for the SSA card to be delivered.*
- A Social Security Card cannot be mailed to "general delivery" or out of the country.

If you do not receive the card, apply for a replacement from the Social Security Administration at SSA.gov or call 1-866-851-5275.

Birth Clerk Message

Key

(R) indicates item is on the US Standard Birth Certificate
‡ indicates item is required for passport or drivers license issuance
† indicates item used by Vital Records for administrative purposes
1 indicates item is required by Office of Recovery Services
2 indicates item needed for application for a Social Security card for the newborn
3 indicates item requested by Mothers and Children's Health program for public health research
4 indicates item requested by Birth Defects Network
5 indicates item requested by Hepatitis B Program

Name of Parent giving birth: _____ Room Number: _____

PLEASE PRINT CLEARLY. DO NOT TAKE THIS WORKSHEET HOME.
LEAVE THIS WORKSHEET FOR THE BIRTH CLERK WHEN YOU ARE DISCHARGED.
Please fill in circles completely. Items marked with (R) are required

‡(R) 1. Child's legal name, as parents wish it to appear on the birth certificate.

Child First Name(s) _____

Middle Name(s) _____

Last Name(s) _____ Suffix (Jr. Sr. etc): _____

(R) 2. Child Sex: ☐ Male ☐ Female ☐ Undetermined (SSA Card cannot be processed without a sex for the child.)

‡(R) 3. Date of birth mm/dd/yyyy: _____ (R) 4. Time of birth (24 hr clock): _____

(R) 5. Child birth Weight: _____ LBS _____ OZ. 6. Child birth Length (Inches): _____
Length will not be listed on the Birth Certificate

‡(R) 7. Where was the baby born?

- ☐ Hospital - Facility Name: _____
☐ Baby was born while traveling to hospital
☐ Freestanding birth center - Facility Name: _____
☐ Baby was born while traveling to birth center
☐ Clinic / Doctor's Office
☐ Home - intended
☐ Home - not intended
☐ Home - unknown if intended
☐ Other
☐ Unknown

38. Intended place of delivery. When labor started, where did the parent plan to give birth?

This information is NOT provided to insurance companies or other state agencies. There are NO legal or insurance consequences to parents based on where they intended to give birth.

☐ Home - Midwife Name: _____ ☐ No midwife

- ☐ Freestanding birth center - Midwife Name: _____ ☐ No midwife
Facility Name: _____
☐ Hospital _____
☐ Labor never started. Parent 1 had a C-section without labor.

†9. If child was NOT born at, or while traveling to, a hospital or birth center, please list the full street address of birth location here: _____

(R) 10. Name of delivering birth professional or other birth attendant: _____
Title: _____

†11. ☐ YES Provide my child's information to the Social Security Administration for purposes of issuing a social security card to my child. _____

Parental signature required: X _____

PARENT 1 - Gave birth to the child

†(R)12. On my child's birth certificate, I wish to be known as: ☐ Mother ☐ Father ☐ Parent (female) ☐ Parent(male)

†(R)13. I Gave Birth: ☐ Yes ☐ No

†(R)14. Was Parent 1 ever married? ☐ Yes ☐ No

†(R)15. Parent 1 current Marital Status:

- ☐ Married to Biological father (Skip to Question #18)
☐ Not married
☐ Married, not to biological father

†(R)16. Was Parent 1 married any time within the last 300 days (about 10 months)?

- ☐ Yes
☐ No

†(R)17. If not married to the biological father, do you wish to legally acknowledge him on the birth certificate?
☐ Yes ☐ No (Skip to #18)

The **Voluntary Declaration of Paternity (VDP) form** is the legal form parents who are not married must sign in order to legally acknowledge the biological father of the child and list him on the birth certificate. If currently married, but not to the biological father: the **current spouse, the biological father and Parent 1 must sign the VDP.** If married within the last 300 days: the **ex-spouse, the biological father and Parent 1 must sign the VDP.** (R) (R) This Parental Worksheet must be turned in to the birth clerk in order for the VDP form to be prepared for parents to sign.

†(R)18. Was the child delivered by a gestational surrogate? ☐ Yes ☐ No

(R) 19. Parent 1 current Legal Name:

First Name(s) _____

Middle Name(s) _____

Last Name(s) _____ Suffix (Jr. Sr. etc): _____

(R) 20. Parent 1 name prior to first marriage - **name as it appears on the current birth certificate**, not a name prior to an adoption or other court order name change. Print clearly using upper and lower case characters and spacing as needed.

The name listed below will appear on the child's birth certificate.

First Name(s) _____

Middle Name(s) _____

Last Name(s) (Maiden/Surnames) _____ Suffix (Jr. Sr. etc) _____

(R) 21. Date of Birth mm/dd/yyyy: _____

Security Act

(R) 22. Phone Number: _____

(R) 23. Social Security Number: _____

SSN is required by Federal Law, 42 USC 405(c) Section 205(c) Social

(R) 24. State of Birth: _____

Spell out name of U.S. State

(R) 25. Country of Birth, if not U.S.A.: _____

(R) 26. Address where you live (usual or permanent residence): _____

(R) Apartment /Unit/Space number: _____

(R) City/Town or Location: _____

(R) U.S. State: _____

(R) Zip: _____

(R) County _____

(R) Foreign Country if not in U. S.: _____

(R) 27. Inside City Limits? ☐ Yes ☐ No ☐ I don't know

*28. Parent 1 Email Address: _____

Print Clearly

You will receive an immediate email confirming the registration of child's birth from the Office of Vital Records and Statistics which will allow for immediate ordering and purchase of your child's birth certificate for insurance and other family records purposes.

*29. Is Parent 1 mailing address the same as residence? ☐ Yes ☐ No - Please Complete #31

*30. In Care of Mail Person's Name: _____

*31. Complete Mailing Address: _____

¹City/Town or Location: _____

²U.S. State: _____

²Zip: _____

To order a Social Security Card for your child, be sure to check "Yes" to item #11 and sign the worksheet. The Social Security card will be mailed in 2-3 weeks. To ensure delivery, add your baby's name to the names listed on the mailbox. Post offices will forward if forwarding address is filed with them. If the card is returned undeliverable parents will need to apply to SSA for a replacement card. Hospitals and Vital Records cannot process a second request. A Social Security Card cannot be mailed out of the country except under certain circumstances.

(R) 32. Parent 1

Signature _____

By signing here, I certify that the personal information provided on this worksheet is correct to the best of my knowledge.

PARENT 2 - Did not give birth

33. Travel out of Utah in the last 12 months? ☐ Yes ☐ No

34. If Yes, list U.S. States and Foreign Countries visited: _____

35. Tested for Zika? ☐ Yes ☐ No

(R) 36. On my child's birth certificate, I wish to be known as: ☐ Mother ☐ Father ☐ Parent (female) ☐ Parent(male)

(R) 37. Parent 2 current Legal Name: _____

First Name(s) _____

Middle Name(s) _____

Last Name(s) _____ Suffix (Jr. Sr. etc): _____

†(R) 38. Parent 2 Name prior to first marriage - name as it appears on the current birth certificate, not a name prior to an adoption or other court order name change. Print clearly using upper and lower case characters and spacing as needed.

The name listed below will appear on the child's birth certificate.

First Name(s) _____

Middle Name(s) _____

Last Name(s) _____ Suffix (Jr. Sr. etc): _____

(R) 39. Date of Birth mm/dd/yyyy: _____ †(R)40. Phone Number: _____

(R) 41. Social Security Number: _____ (R) 42. State of Birth: _____

SSN is required by Federal Law, 42 USC 405(c) Section 205(c) Social Security Act

Spell out name of U.S. State

(R) 43. Country of Birth, if not U.S.A.: _____

†44. Usual or Permanent Residence

Complete number and street Address: _____

Indicate Apt, Unit, Space, etc. in front of the location number to assist in mail delivery accuracy. Example: 124 West Maple Unit B

City/Town or Location: _____ U.S. State: _____ Zip: _____

County _____ Foreign Country if not in U. S.: _____

†45. Inside City Limits? ☐ Yes ☐ No ☐ I don't know

†46. Parent 2 Email Address: _____ **Print Clearly**

You will receive an immediate email confirming the registration of child's birth from the Office of Vital Records and Statistics which will allow for immediate purchase of your child's birth certificate for insurance and other family records purposes.

(R) 47. Parent 2 Signature: _____

By signing here, I certify that the personal information provided on this worksheet is correct to the best of my knowledge and belief.

ADOPTION?

†(R)48. Is this child to be relinquished or placed for adoption? ☐ Yes ☐ No

†(R)49. If 'Yes', please list the name of the agency and/or attorney or 'private adoption': _____

CONFIDENTIAL HEALTH INFORMATION OF BIOLOGICAL MOTHER

(R) 50. Was Parent 1 enrolled in Medicaid at time of birth? ☐ Yes ☐ No

(R) 51. Did Parent 1 receive food vouchers for Women, Infants and Children (WIC) food for herself during this Pregnancy?
☐ Yes ☐ No ☐ I Don't know

(R) 52. Primary Source of payment for this delivery: ☐ Medicaid ☐ Private Insurance ☐ Self-Pay
☐ Indian Health Service ☐ CHAMPUS/TRICARE ☐ Other Government (Fed, State, Local) ☐ CHIP

☐ Other ☐ Unknown (check if Medicaid Pending)

53. Does anyone in the family (biological parents, siblings, aunts, uncles, grandparents, cousins) have a hearing loss (not caused by loud noise, illness or ear infection) they were born with or which developed in childhood?

☐ Yes ☐ No ☐ I don't know

(R) 54. Parent 1 height: _____ Feet _____ Inches (R) 55. Parent 1 weight prior to pregnancy: _____ Lbs.

(R) 56. Parent 1 weight at Delivery: _____ Lbs.

(R) 57. Did Parent 1 Smoke? ☐ Yes ☐ No

(R) 58. If 'yes', how many cigarettes per day did you smoke on an average day during each of the following time periods?
(20 cigarettes per pack)

Three months before pregnancy # _____ Second three months of pregnancy # _____

First three months of pregnancy # _____ Third trimester of pregnancy # _____

59. Were e-cigarettes or other electronic nicotine products used during pregnancy? ☐ Yes ☐ No

60. If 'yes' frequency of e-cigarette use: ☐ More than once per day ☐ Once a day ☐ 2-6 days per week
☐ 1 day per week or less

(R) 61. Is infant being breast-fed at discharge? ☐ Yes ☐ No

(R) 62. Was Parent 1 told by her healthcare provider that she had gestational diabetes during this pregnancy?
☐ Yes ☐ No

63. During your most recent pregnancy, did a doctor, nurse, or other health care worker try to keep your new baby from being born too early by giving you a series of weekly shots or daily vaginal suppositories of a medicine called Progesterone, Makena or 17P (17 alph-hydroxyprogesterone)?

☐ Yes - weekly injections ☐ Yes - vaginal suppository ☐ No ☐ Unknown

(R) 64. Date of last menses (last period) mm/dd/yy: _____ (R) 65. Number of previous births now living: # _____
Do not include this child.

(R) 66. Date of last live birth (do not include this child) mm/yyyy: _____

(R) 67. Number of previous live births now deceased: # _____

(R) 68. Total number of pregnancies not resulting in live birth: # _____

(R) 69. Date of last pregnancy not resulting in a live birth: _____ (R) 70. Total number of stillbirths: _____

71. Number of previous live multiple birth pregnancies: # _____

Losses at 20+ weeks or greater born without signs of life, do not include induced terminations - any weeks)

(R) 72. Date of first prenatal care visit mm/dd/yyyy: _____

(R) 73. Number of prenatal visits this pregnancy: # _____

74. Prenatal care Provider(s) / Facility: _____

(R) 75. Did Parent 1 transfer to a hospital *during labor, but before delivery* from an attempted home or birth center birth?
This information is NOT provided to insurance companies or other state agencies. There are NO legal or insurance consequences to parents based on where they intend to give birth.

☐ Yes, transferred from attempted birth at home Midwife Name: _____

☐ Midwife attended, name unknown

☐ Unknown if midwife attended ☐ No midwife

- ☐ Yes, transferred from attempted birth at freestanding birth center - Midwife Name: _____
Facility Name: _____
- ☐ No, Parent 1 did not transfer to a hospital during labor from an attempted home or birth center birth.
- ☐ Unknown if Parent 1 transferred to a hospital during labor from an attempted home or birth center birth.

76. Did Parent 1 transfer to a hospital within 24 hours after delivering at a home or birth center?

- ☐ Yes, transferred after delivering at home Midwife Name: _____
- ☐ Midwife attended, name unknown
- ☐ Unknown if midwife attended ☐ No midwife
- ☐ Yes, transferred after delivering at freestanding birth center - Midwife Name: _____
Facility Name: _____
- ☐ No, Parent 1 did not transfer to a hospital within 24 hours after delivering at a home or birth center.
- ☐ Unknown if Parent 1 transferred to a hospital within 24 hours after delivering at a home or birth center.

77. During most recent pregnancy, did Parent 1 have teeth cleaned by a dentist or dental hygienist?

- ☐ Yes ☐ No ☐ Unknown

78. Did any of the following things make it difficult for Parent 1 to go to a dentist or dental clinic during the most recent pregnancy?

- ☐ Could not find a dentist or clinic who would take pregnant patients
- ☐ Did not think it safe to go to dentist during pregnancy
- ☐ Could not find a dentist or clinic who would take Medicaid patients
- ☐ Could not afford to go to a dentist or dental clinic

79. During the month before pregnancy, how many times per week did Parent 1 take a multivitamin, prenatal vitamin or folic acid vitamin?

- ☐ Did not take vitamins ☐ 1 to 3 times per week ☐ 4 to 6 times per week ☐ Every Day ☐ Unknown

80. If Parent 1 did not take vitamins, what were the reasons - choose all that apply.

- ☐ Wasn't planning to get pregnant ☐ Didn't want to take vitamins ☐ Didn't think vitamins were needed
- ☐ Vitamins were too expensive ☐ Other - specify reasons: _____
- ☐ Unknown ☐ Vitamins gave side effects _____

81. Did Parent 1 travel out of state in the last 12 months? ☐ Yes ☐ No

If 'yes', list U.S. states and foreign countries: _____

82. Was Parent 1 tested for Zika virus by healthcare provider? ☐ Yes ☐ No ☐ Unknown

83. Was Parent 1 tested for Hepatitis B by a healthcare provider during this pregnancy or at the hospital?

- ☐ Yes ☐ No ☐ Unknown

RACE/ETHNICITY

(R) 84. Parent 1 of Hispanic Origin? ☐ Yes ☐ No ☐ Unknown

if 'Yes', check all that apply: ☐ Mexican, Mexican American, Chicana ☐ Puerto Rican ☐ Cuban
☐ Other Spanish / Hispanic / Latina - Specify: _____

(e.g. Spaniard, Salvadoran, Dominican, Colombian)

(R) 85. Race of Parent 1, Check all that apply:

- | | | | |
|--|---------------------------------------|--|---|
| <input type="radio"/> White | <input type="radio"/> Chinese | <input type="radio"/> Other Asian - Specify: _____ | <input type="radio"/> Guamanian |
| <input type="radio"/> Black | <input type="radio"/> Japanese | <input type="radio"/> Asian Indian | <input type="radio"/> Pacific Islander - Specify: _____ |
| <input type="radio"/> American Indian or
Alaska Native - Specify: _____ | <input type="radio"/> Native Hawaiian | <input type="radio"/> Korean | <input type="radio"/> Tongan |
| <input type="radio"/> Filipino | <input type="radio"/> Samoan | <input type="radio"/> Other - Specify: _____ | |
| | <input type="radio"/> Vietnamese | | |
| <input type="radio"/> Unknown | | | |

(R) 86. Parent 1 Education

- | | | |
|--|---|---|
| <input type="radio"/> 8th grade or less | <input type="radio"/> Some college credit, but no degree | <input type="radio"/> Doctorate (e.g. PhD, EdD) or Prof.
Degree (e.g. MD, DDs, DVM, LLB, JD) |
| <input type="radio"/> 9th-12th grade no diploma | <input type="radio"/> Associate Degree (e.g. AA, AS) | <input type="radio"/> None |
| <input type="radio"/> High School Graduate or GED
completed | <input type="radio"/> Bachelor's Degree (e.g. BA, AB, BS) | <input type="radio"/> Unknown |
| | <input type="radio"/> Master's Degree (MA MS, MEng, Med,
MSW, MBA) | |

(R) 87. Parent 2 of Hispanic Origin? ☐ Yes ☐ No ☐ Unknown

if 'Yes', check all that apply: ☐ Mexican, Mexican American, Chicana ☐ Puerto Rican ☐ Cuban
☐ Other Spanish / Hispanic / Latina - Specify: _____

(e.g. Spaniard, Salvadoran, Dominican, Colombian)

(R) 88. Race of Parent 2, Check all that apply:

- | | | | |
|--|---------------------------------------|--|---|
| <input type="radio"/> White | <input type="radio"/> Chinese | <input type="radio"/> Other Asian - Specify: _____ | <input type="radio"/> Guamanian |
| <input type="radio"/> Black | <input type="radio"/> Japanese | <input type="radio"/> Asian Indian | <input type="radio"/> Pacific Islander - Specify: _____ |
| <input type="radio"/> American Indian or
Alaska Native - Specify: _____ | <input type="radio"/> Native Hawaiian | <input type="radio"/> Korean | <input type="radio"/> Tongan |
| <input type="radio"/> Filipino | <input type="radio"/> Samoan | <input type="radio"/> Other - Specify: _____ | |
| | <input type="radio"/> Vietnamese | | |
| <input type="radio"/> Unknown | | | |

(R) 89. Parent 2 Education

- | | | |
|--|---|---|
| <input type="radio"/> 8th grade or less | <input type="radio"/> Some college credit, but no degree | <input type="radio"/> Doctorate (e.g. PhD, EdD) or Prof.
Degree (e.g. MD, DDs, DVM, LLB, JD) |
| <input type="radio"/> 9th-12th grade no diploma | <input type="radio"/> Associate Degree (e.g. AA, AS) | <input type="radio"/> None |
| <input type="radio"/> High School Graduate or GED
completed | <input type="radio"/> Bachelor's Degree (e.g. BA, AB, BS) | <input type="radio"/> Unknown |
| | <input type="radio"/> Master's Degree (MA MS, MEng, Med,
MSW, MBA) | |

MOTHER'S MEDICAL INFORMATION

The questions below are optional but will help researcher to answer questions regarding the incidence of birth defects and other birth outcomes and fertility treatments. Answers are important whether or not your baby had any problems and whether or not you used any fertility treatments.

90. Did you take any fertility drugs or receive any medical procedures to help you get pregnant for this pregnancy?

☐ Yes ☐ No

91. How long had you been trying to get pregnant when you conceived? Please count from when you first started having sexual intercourse without any contraception.

☐ 0-5 months ☐ 6 - 11 months ☐ 1-2 years ☐ 3-4 years ☐ more than 6 years

92. Did you use any of the following fertility treatments?

- ☐ Fertility enhancing drugs by mouth (Clomid, Clomiphene, or others)
- ☐ Fertility enhancing drugs by injection (Pergonal, Follistim, HGG or others)
- ☐ Artificial Insemination or intrauterine insemination (AIH, AID/DI)
- ☐ Assisted Reproductive Technology (IVG, GIFT, ZIFT, ICSI)
- ☐ Other medical treatment – Specify: _____
- ☐ Use of Donor Sperm
- ☐ Use of Donor Eggs
- ☐ Metformin or Glucophage
- ☐ Surgery for endometriosis
- ☐ Progesterone
- ☐ None of the above



Required – 62



Optional - 18



Removing - 12

Parent 1 Name: _____ Room Number: _____ SFN# of Baby A: _____

***MULTIPLE CHILD DELIVERY – You do not need to fill out separate Worksheets for each child, just add their information here.**

TWIN B / TRIPLET B / QUADRUPLER B

*93. Second Child's legal name, as parents wish it to appear on the birth certificate.

Child First Name(s) _____

Middle Name(s) _____

Last Name(s) _____ Suffix (Jr. Sr. etc): _____

Child Sex: ☐ Male ☐ Female ☐ Undetermined (SSA Card cannot be processed without a sex for the child.)

Date of birth mm/dd/yyyy: _____ Time of birth (24 hr clock): _____

Child birth Weight: _____ LBS _____ OZ. Child birth Length (Inches): _____
Length will not be listed on the Birth Certificate

TRIPLET C/ QUADRUPLER C

*94. Third Child's legal name, as parents wish it to appear on the birth certificate.

Child First Name(s) _____

Middle Name(s) _____

Last Name(s) _____ Suffix (Jr. Sr. etc): _____

Child Sex: ☐ Male ☐ Female ☐ Undetermined (SSA Card cannot be processed without a sex for the child.)

Date of birth mm/dd/yyyy: _____ Time of birth (24 hr clock): _____

Child birth Weight: _____ LBS _____ OZ. Child birth Length (Inches): _____
Length will not be listed on the Birth Certificate

QUADRUPLER D

*95. Fourth Child's legal name, as parents wish it to appear on the birth certificate.

Child First Name(s) _____

Middle Name(s) _____

Last Name(s) _____ Suffix (Jr. Sr. etc): _____

Child Sex: ☐ Male ☐ Female ☐ Undetermined (SSA Card cannot be processed without a sex for the child.)

Date of birth mm/dd/yyyy: _____ Time of birth (24 hr clock): _____

Child birth Weight: _____ LBS _____ OZ. Child birth Length (Inches): _____
Length will not be listed on the Birth Certificate