

**New Jersey Department of Health and Senior Services
BIRTH CERTIFICATE WORKSHEET / PARENT INFORMATION MODULE**

ATTENTION MOTHER/INFORMANT: PLEASE PRINT CLEARLY AND ANSWER ALL ITEMS ON THIS PAGE. Your answers will be used to prepare your child's birth certificate. If you need a translation or other help, the hospital representative can arrange for assistance.
AFTER COMPLETING THIS PAGE, PLEASE RETURN IT PROMPTLY FOR REVIEW. THEN, WORK ON YOUR CHILD'S BIRTH CERTIFICATE CAN BEGIN.

P1. LEGAL NAME OF THE CHILD TO APPEAR ON BIRTH CERTIFICATE _____ (First) (Middle) (Last) (Suffix)			P2. DOES THE MOTHER WANT A SOCIAL SECURITY NUMBER FOR THE CHILD? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
P3. MOTHER'S CURRENT LEGAL NAME _____ (First) (Middle) (Last)		P4. MOTHER'S MAIDEN NAME (Mother's Last Name when She Was Born) _____	
P5. MOTHER'S DATE OF BIRTH ____ / ____ / ____ Mo. Day Yr.	P6. MOTHER'S SOCIAL SECURITY NUMBER _____	P7. MOTHER'S BIRTHPLACE (State or Foreign Country) _____	
P8. OFFICIAL NAME OF CITY, TOWNSHIP, BORO, ETC. IN WHICH MOTHER ACTUALLY RESIDES (For example, the location for paying taxes, voting, etc., but not necessarily used for mailing address): _____ (County) (State) (City, Town, Boro, Etc.) WHAT IS THE STREET ADDRESS? _____ (Street Address) (Apt. No.)		P9. IS THIS INSIDE CITY LIMITS? (Non-New Jersey residents only) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
P10. HOME TELEPHONE NUMBER (_____) _____ - _____			
P11. MOTHER'S ADDRESS WHERE MAIL IS RECEIVED (If same as Mother's official address above, <u>ONLY ENTER</u> the Zip Code.) _____ [Number and Street (or PO Box)] (City) (State) (Zip Code)			
P12. IS THE MOTHER MARRIED* (At conception, birth, or any time in between)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <small>*If the mother is not married, the father's name can ONLY appear on the birth certificate if both parents acknowledge paternity by witnessed signatures.</small>			
P13. NAME OF CHILD'S FATHER** (If Mother is married to Father, or if Mother is unmarried and Father is acknowledging paternity) _____ (First) (Middle) (Last) (Suffix)			
P14. FATHER'S DATE OF BIRTH ** ____ / ____ / ____ Mo. Day Yr.	P15. FATHER'S SOCIAL SECURITY NUMBER _____	P16. FATHER'S BIRTHPLACE ** (State or Foreign Country) _____	
P17. FATHER'S MAILING ADDRESS _____ [Number and Street Address (or PO Box)] (Apt. No.) _____ (City) (State) (Zip Code)		P18. FATHER'S HOME TELEPHONE NUMBER (_____) _____ - _____	

THE FOLLOWING CONFIDENTIAL STATISTICAL INFORMATION WILL NOT APPEAR ON A CERTIFIED COPY OF THE BIRTH CERTIFICATE.

P19. MOTHER'S RACE AND ETHNICITY AS INDICATED BY MOTHER/INFORMANT (Under <u>NO</u> circumstances is Hispanic Origin considered a race)			
A. RACE (Check one) 1 <input type="checkbox"/> White 4 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> Filipino C <input type="checkbox"/> Samoan 8 <input type="checkbox"/> Other Asian/Pacific Islander 2 <input type="checkbox"/> Black 5 <input type="checkbox"/> Japanese A <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Vietnamese 9 <input type="checkbox"/> Not Classifiable/Unknown 3 <input type="checkbox"/> American Indian 6 <input type="checkbox"/> Hawaiian B <input type="checkbox"/> Korean E <input type="checkbox"/> Guamian 0 <input type="checkbox"/> Other, Specify: _____			
B. HISPANIC ORIGIN (Not to be confused with race; check one) 0 <input type="checkbox"/> Non-Hispanic 2 <input type="checkbox"/> Puerto Rican 4 <input type="checkbox"/> Central/South American 1 <input type="checkbox"/> Mexican 3 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> Other Hispanic, Specify: _____			
P20. FATHER'S RACE AND ETHNICITY AS INDICATED BY MOTHER/INFORMANT (Under <u>NO</u> circumstances is Hispanic Origin considered a race)			
A. RACE (Check one) 1 <input type="checkbox"/> White 4 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> Filipino C <input type="checkbox"/> Samoan 8 <input type="checkbox"/> Other Asian/Pacific Islander 2 <input type="checkbox"/> Black 5 <input type="checkbox"/> Japanese A <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Vietnamese 9 <input type="checkbox"/> Not Classifiable/Unknown 3 <input type="checkbox"/> American Indian 6 <input type="checkbox"/> Hawaiian B <input type="checkbox"/> Korean E <input type="checkbox"/> Guamian 0 <input type="checkbox"/> Other, Specify: _____			
B. HISPANIC ORIGIN (Not to be confused with race; check one) 0 <input type="checkbox"/> Non-Hispanic 2 <input type="checkbox"/> Puerto Rican 4 <input type="checkbox"/> Central/South American 1 <input type="checkbox"/> Mexican 3 <input type="checkbox"/> Cuban 5 <input type="checkbox"/> Other Hispanic, Specify: _____			
P21. EDUCATION-SPECIFY HIGHEST GRADE COMPLETED (For Elementary or Secondary School, enter the number of years completed = 00 to 12. For College, enter years completed = 13 to 16. Post College -Graduate = 17.		MOTHER	FATHER**
		A. ____ _ Years	B. ____ _ Years**
P22. WORKED DURING PAST YEAR?	P23. IF WORKED, WHAT WAS THE OCCUPATION (TYPE OF WORK)?	P24. IF WORKED, TYPE OF BUSINESS OR INDUSTRY (WHAT THE BUSINESS DID/MADE)?	
A. MOTHER: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	A. MOTHER: _____	A. Mother's Business/Industry: Employer's Name: _____ Number and Street: _____ City, State, Zip: _____	
B. FATHER**: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	B. FATHER**: _____	B. Father's Business/Industry**: Employer's Name: _____ Number and Street: _____ City, State, Zip: _____	
P25. NAME OF INFORMANT, IF OTHER THAN MOTHER _____ (First) (Middle) (Last)		P26. RELATIONSHIP TO CHILD _____	
P27. I CERTIFY THAT THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF: SIGNATURE OF MOTHER/INFORMANT: _____			

HOSPITAL USE ONLY

P28. NAME OF DESIGNATED HOSPITAL REPRESENTATIVE REVIEWING THIS INFORMATION WITH MOTHER/INFORMANT _____ (First) (Middle) (Last)	P29. DATE OF REVIEW ____ / ____ / ____
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** NOTE: PLEASE WRITE "UNKNOWN" TO INDICATE THAT THIS INFORMATION IS MISSING OR NOT AVAILABLE.

**New Jersey Department of Health and Senior Services
Bureau of Vital Statistics
PO Box 370
Trenton, New Jersey 08625-0370**

(609) 292-4087

BIRTH CERTIFICATE WORKSHEET - INSTRUCTIONS FOR PARENTS

This worksheet helps the hospital to type a birth certificate for your child. The reverse page contains a set of questions for you to complete. After you finish that page, a hospital representative will review it with you and ask you to sign it. Then, work on preparing your child's birth certificate can continue.

A birth certificate provides permanent proof of age, parentage and citizenship throughout your child's life. Starting school and getting a driver's license are two examples that require such proof.

The local registrar's office keeps a copy of the birth certificate. You can purchase a certified copy from that office, located in the municipality where your child was born. Or, you can call the Bureau of Vital Statistics at 609-292-4087 for information.

Birth certificates contain a few items to gather information on a range of health care issues. **These statistical items are confidential and are not available to the public.** The New Jersey Department of Health and Senior Services has very strict rules to protect the privacy of you and your child.

New Jersey has collected birth certificates since the late 1800's. Over the years, data gathered from these records have helped to plan many health services. These include programs to improve the health of mothers and babies.

LOCAL SCHOOL DISTRICT FUNDING

New Jersey funds a local school district based on the number of children that live there. Schools in your area must estimate the number of children who will be attending classes. Accurate birth statistics can help your municipality receive its fair share of money. Please carefully answer the questions on where the mother lives.

DISCLOSURE OF SOCIAL SECURITY NUMBER

Disclosure of your social security number is mandatory and is required by 42 USC §405(c)(2) as amended by Section 1090(b) of Public Law 105-34. The Social Security number(s) will be provided to the Internal Revenue Service (IRS) solely for the purpose of determining Earned Income Tax Credit compliance.

OFFICIAL MUNICIPALITY OF ACTUAL RESIDENCE

In New Jersey, the municipalities where people live may differ from the cities listed in their mailing addresses. This happens because several Post Offices in the state deliver mail to surrounding areas and sometimes need to change mailing addresses to speed up the mail. For example, a house with a mailing address in the 1200 block of South Broad Street (with Trenton as the city in the mailing address) is really in Hamilton Township.

Hospital staff will try to answer your questions, especially any about the official municipality of the mother's actual residence. Also, don't hesitate to ask any questions you might have about appropriate services for your child.

THANK YOU FOR YOUR VALUABLE ASSISTANCE

IMPORTANT

The designation of a child's name, including the surname (family name), is the right of the child's parent(s). The child may be given ANY surname EXCEPT that the state registrar may reject a name that contains an obscenity, numerals or a combination of letters and numerals, or a name that is illegible. The chosen name shall be printed on the back of the birth certificate and shall be signed by one or both parents, if available, before a hospital official as a witness.

[NOTE TO THE HOSPITAL'S DESIGNATED REPRESENTATIVE: IF UNABLE TO OBTAIN ALL NECESSARY SIGNATURES WITHIN THE PRESCRIBED FIVE (5) DAY TIME FRAME, THE BIRTH CERTIFICATE MUST BE COMPLETED AND FILED SHOWING THE HUSBAND BEING THE CHILD'S FATHER.]