

**State of New Jersey  
Home Birth Worksheet**

This form is used to obtain the necessary information for filing a birth certificate. The form is **NOT** a birth certificate.  
Please print clearly and answer ALL items on this form in blue or black ink. After completing, please return promptly for review.

**DEMOGRAPHICS**

**Child's Information**

Child's Name (Legal Name to appear on Birth Certificate)

1. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
2. Do you want a Social Security Number for this child?  Yes  No

**Mother/Parent A's Information**

3. Was this pregnancy a result of artificial reproductive technology (AI, IVF, IUI)?  Yes  No  
4. Is this a surrogacy or gestational carrier?  Yes  No 5. Paternity established by court order?  Yes  No

Mother/Parent A's Current Legal Name

5. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Mother/Parent A's Full Name given at birth or on birth certificate (Maiden Name)

6. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
7. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 8. Place of Birth (State/Country) \_\_\_\_\_ 9. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
10. Sex of Mother / Parent A:  Female  Male

**Mother/Parent A's Address Information**

11. Residential Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
State/Country \_\_\_\_\_ Municipality \_\_\_\_\_ County \_\_\_\_\_  
12. Phone# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email ID \_\_\_\_\_  
13. Does Mother/Parent A Reside within city limits?  Yes  No 15. Is the mailing address same as residence?  Yes  No  
Mailing Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
State/Country \_\_\_\_\_ Municipality \_\_\_\_\_ County \_\_\_\_\_

**Mother/Parent A's Marriage Information**

14. Marital Status (If divorced or widowed less than 300 days, select married)
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Married (Select an option)</b><br><input type="checkbox"/> Record spouse on the Birth Certificate<br><input type="checkbox"/> Do not record spouse on Birth Certificate<br><input type="checkbox"/> Spouse not the father. Record biological father on Birth Certificate. | <input type="checkbox"/> <b>Never Married (Select an option)</b><br><input type="checkbox"/> Record father on the Birth Certificate<br><input type="checkbox"/> Do not record father on the Birth Certificate | <input type="checkbox"/> <b>Divorced or Widowed (select an option)</b><br><input type="checkbox"/> Record father on the Birth Certificate<br><input type="checkbox"/> Do not record father on Birth Certificate<br><input type="checkbox"/> Date Divorced/Widowed ____/____/____ |
|---|---|--|

**Mother/Parent A's Demographics**

15. **Education-** (Check the box that best describes the highest degree or level of school completed at the time of delivery)
- 8th grade or less  9th-12th grade; no diploma  High school graduate or GED completed  Some college credit, but not a degree  Associate degree  
 Bachelor's degree  Master's degree  Doctorate or Professional degree

16. **Employment**

Business/Industry \_\_\_\_\_ Occupation \_\_\_\_\_ 17. Employed during the past year?  Yes  No

18. **Employer Information:**

Employer Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_ State/Country \_\_\_\_\_ County \_\_\_\_\_

19. **Hispanic Origin**-Check the box that best describes whether the mother/Parent A is Spanish/Hispanic/Latina.

- No, not Spanish/Hispanic/Latina  Yes, Mexican, Mexican American, Chicana  Yes, Puerto Rican  Yes, Cuban  Refused/Unknown  
 Yes, other Spanish/Hispanic/Latina (Specify): \_\_\_\_\_

20. **Race**- Check one or more races to indicate what the mother / Parent A considers themselves to be

- White  Black or African American  American Indian or Alaska Native \_\_\_\_\_  Asian Indian  Chinese  Filipino  
 Japanese  Korean  Vietnamese  Other Asian \_\_\_\_\_  Native Hawaiian  Guamanian or Chamorro  Samoan  
 Other Pacific Islander \_\_\_\_\_  Other (Mestizo, Morena, etc.,) \_\_\_\_\_

**Father/Parent B's Information**

21. **A. Father/Parent B's Current Legal Name**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

**B. Father/Parent B's Name at Birth (if name on birth certificate is different)**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

22. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 23. Place of Birth (State/Country) \_\_\_\_\_ 24. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

25. Sex of Father / Parent B:  Male  Female

**Father/Parent B's Address Information**

26. Is Father/Parent B's residence same as Mother/Parent A'S residence?  Yes  No

Residential Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

State/Country \_\_\_\_\_ Municipality \_\_\_\_\_ County \_\_\_\_\_

27. Phone# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email ID \_\_\_\_\_

28. Is the mailing address same as residence?  Yes  No

Mailing Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

State/Country \_\_\_\_\_ Municipality \_\_\_\_\_ County \_\_\_\_\_

**Father/Parent B's Demographic Information**

29. **Education**- (Check the box that best describes the highest degree or level of school completed)

- 8th grade or less  9th-12th grade; no diploma  High school graduate or GED completed  Some college credit, but not a degree  Associate degree  
 Bachelor's degree  Master's degree  Doctorate or Professional degree

30. **Employment**

Business/Industry \_\_\_\_\_ Occupation \_\_\_\_\_ 31. Employed during the past year?  Yes  No

32. **Employer Information:**

Employer Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_ State/Country \_\_\_\_\_ County \_\_\_\_\_

33. **Hispanic Origin** - Check the box that best describes whether the father/ Parent B is Spanish/Hispanic/Latino.

- No, not Spanish/Hispanic/Latino     Yes, Mexican, Mexican American, Chicana     Yes, Puerto Rican     Yes, Cuban     Refused/Unknown  
 Yes, other Spanish/Hispanic/Latino (Specify): \_\_\_\_\_

34. **Race**- Check one or more races to indicate what the father/ Parent B considers themselves to be

- White     Black or African American     American Indian or Alaska Native \_\_\_\_\_     Asian Indian     Chinese     Filipino  
 Japanese     Korean     Vietnamese     Other Asian \_\_\_\_\_     Native Hawaiian     Guamanian or Chamorro     Samoan  
 Other Pacific Islander \_\_\_\_\_     Other (Mestizo, Morena, etc.,) \_\_\_\_\_

### Insurance Information

35. **Principal source of Payment for this Pregnancy**

- Private Insurance     Medicaid/ NJ Family Care     Self-Pay     Other (Specify) \_\_\_\_\_     Charity Care     Unknown

36. **Insurance Policy Holder**     Mother     Father     Both

37. **Insurance Details**

Mother's Insurance Carrier \_\_\_\_\_

Mother's Insurance Policy Number \_\_\_\_\_

Father's Insurance Carrier \_\_\_\_\_

Father's Insurance Policy Number \_\_\_\_\_

Surrogate's Insurance Carrier \_\_\_\_\_

Surrogate's Insurance Policy Number \_\_\_\_\_

### Women Infants & Children (WIC) Information

38. **Did Mother Get WIC Food for herself during this pregnancy?**     Yes     No     Unknown    If Yes, WIC Number \_\_\_\_\_

### General Information

39. **Preferred language for information about baby's health care?** \_\_\_\_\_

40. **Where do you plan to take your child for pediatric care?**     Private Physician     HMO/Health Plan     Health Start     Community Health Center  
 Hospital's Clinic     Other Clinic     None     Other

Physician/Practice Name: \_\_\_\_\_

### Birth / Delivery Information

41. **Date of Delivery** \_\_\_\_/\_\_\_\_/\_\_\_\_    42. **Time of Delivery** \_\_\_\_:\_\_\_\_ **AM / PM**    43. **Birth Weight:** \_\_\_\_\_

44. **Birth Order and Plurality #** \_\_\_\_ **of** \_\_\_\_    45. **Sex of Fetus**     Male     Female     Undetermined

46. **Place of Birth Name and Address:**

Name of Place: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

State/Country \_\_\_\_\_ Municipality \_\_\_\_\_ County \_\_\_\_\_

### Informant's Information

47. **Informant's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

48. **Relationship to Child:** \_\_\_\_\_    48. **Signature** \_\_\_\_\_    **Date Signed** \_\_\_\_/\_\_\_\_/\_\_\_\_