

# CONFIRM BEFORE YOU AFFIRM

Check these fields for the most common typographical errors.

## Birth Registration Menu

### Parent Information

Child

**Child**

Child's Name  
 First Middle Other Middle Last Suffix

Date of Birth Time of Birth Sex Child SSN  
 MAR-08-2024 : Female

Request SSN for Child Safe Harbor/Foundling Baby?  
 No

Is Adoption/Legal proceeding expected?  
 No

Father

**Father**

Father's Name  
 First Middle Last Suffix

Date of Birth Age Social Security Number  
 None Unknown

Father Birthplace  
 Birthplace State Birthplace Country  
 United States

Mother

**Mother**

Mother's Current Name  
 First Middle Last Suffix

Copy Current Legal Name

Mother's Name Before First Marriage  
 First Middle Last Suffix

Date of Birth Age Social Security Number  
 None Unknown

Mother Birthplace  
 Birthplace State Birthplace Country  
 United States

Informant

**Informant**

Relationship of Informant to Baby Other Specify

Informant Name  
 First Middle Last Suffix

Mother Address

**Mother Address**

Mailing Address  
 Same As Residence Address

Street Number Pre Directional Street Name, Rural Route, etc. Street Designator Post Directional Apt #, Suite #, etc.  
 City or Town State Country Zip Code  
 United States



Verify BEFORE YOU Certify