



Lúcia Braga, <https://flic.kr/p/auVQo3>

## News from the Center for Health Statistics Concerning the Oregon Birth Certificate

July 2015

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### REMINDER: Faxing authorization to request social security number

The Center for Health Statistics (CHS) receives many questions about the process for faxing authorization to request a social security number for a newborn. Implemented in 2014, the fax authorization process has been documented with step-by-step instructions and answers to frequently asked questions. This documentation is available on our website: <http://bit.ly/ssn-eab>.

In brief the steps are:

- The mother completes the “Authorization to Establish Social Security Number at Birth” form (page 4 of the birth parent worksheet) even if the assignment of a Social Security number is not wanted for the newborn. The form is available in English or Spanish.
- The person certifying the birth (Birth Clerk, Midwife, Naturopathic Doctor, etc.) then faxes the completed authorization form to the fax number dedicated to this process (971-672-3122). There is a receipt form (“Message from Social Security”) which is not faxed to CHS; that form is intended for parents’ records only.

**It is important to remember to always follow what the parents put on the authorization form when completing the “Social Security Number Requested” question in OVERS (Oregon Vital Events Registrations System).**

*(Continued on page 2)*



*Faxing the authorization form (Continued from page 1)*

Faxing the authorization form simply provides documentation of the parents request that a Social Security Number be assigned to their child. Federal law mandates that these completed forms be stored at the Center for Health Statistics as proof of the parents' permission to assign their child a social security number. These authorization forms are not sent outside of our office unless a Federal request is made for proof that the parents did authorize the request for Social Security Number.

In OVERS, completion of the “Social Security Number Requested” question causes the Social Security Number to be assigned to the newborn. If “Yes” is selected, the information is sent to the Social Security Administration and the newborn will be assigned a social security number. If “No” is selected, the information is not sent and no social security number is automatically assigned to the newborn.

If you have questions about the process or about specific situations, we have several resources available.

## Informant's relationship to child

We have received several questions about the appropriate title for the informant on birth records when the person filling out the birth worksheet is the biological father, but the biological parents are not married and are also **not** eligible to sign a Voluntary Acknowledgment of Paternity because the mother is married.

In this case, the title for the Informant cannot be listed as “Father” as the paternity has not yet been legally established.

- Cynthia Roeser, Data Entry Supervisor, is available to answer *questions on specific records*. Cynthia can be reached at 971-673-0478 or [cynthia.r.roeser@state.or.us](mailto:cynthia.r.roeser@state.or.us).
- For *general information* including the procedure and frequently asked questions, please see our dedicated webpage: <http://bit.ly/ssn-eab>.
- If an answer to your general question does not appear on our website, please contact Karen Hampton at 971-673-1191 or [karen.r.hampton@state.or.us](mailto:karen.r.hampton@state.or.us).

**Health**  
Center for Health Statistics

Authorization for SSA Enumeration at Birth

**AUTHORIZATION TO ESTABLISH SOCIAL SECURITY NUMBER AT BIRTH**  
[Parents may receive a copy of this page for their records upon request. This page is not a receipt.]

A Social Security number is required if you wish to claim your child on your income tax return, to qualify for many state and federal programs, and other benefits. The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent SSA from issuing your child a Social Security number and card.

Under contract with the Social Security Administration (SSA) your signature on this page authorizes the State of Oregon, Center for Health Statistics to submit to the SSA a request for a social security number to be assigned for your child. This page is not intended for any other use, such as proof that a social security number has been requested. **To obtain proof that you have requested a social security card, ask the hospital staff for a receipt, form SSA-2853 (available in English and Spanish).**

CHILD'S NAME  
First: Sabbie Middle: Jo Last: Young Suffix: \_\_\_\_\_

Date of birth (Month / Day / Year) 7/4/2015

Do you want a Social Security number issued to your child?  Yes  No

MOTHER'S CURRENT LEGAL NAME  
(as appears on child's birth certificate)



“Partner” or “Friend” can be used as the title for the informant until a point at which paternity has been legally established. Once paternity is established, a request can be made to update the title to Father.

In OVERS, we have added the option of “Partner” to the “Informant Type” selection list or, if you prefer to enter a different title, simply choose “Other Specify” from this list and then enter the title chosen by the parents.

*(Continued on page 3)*

Birth Registration Menu		4482147 :Ami Kim MAY-01-2015	
Parent Information		/Legal Invalid/Medical Invalid/Uncertified/Not Registered/Medical Pending/Legal Pending/Birth FIPS coding Required	
Child		<b>Informant</b>	
Mother		Relationship of Informant to Baby Other Specify	
Mother Address		<input type="text" value="Other (Specify)"/> <input type="text" value="Partner"/>	
Mother Attributes		Informant Name	
Mother Health		First Middle Last Suffix	
Marital Status		<input type="text" value="David"/> <input type="text"/> <input type="text" value="Kim"/> <input type="text"/>	
<b>Informant</b>		<input type="button" value="Validate Page"/> <input type="button" value="Next"/> <input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Return"/>	
Facility Information			
Place of Birth			
Prenatal			
Pregnancy Factors			
Labor			
Delivery			
Newborn			
Newborn Factors			
Attendant/Certifier			
Other Registries			
Hearing Screening			
Immunization			
Other Links			
Print Forms			
Comments			
Validate Registration			

If you have questions regarding this, please contact Cynthia Roeser, Oregon Vital Records at 971-673-0478 or [cynthia.r.roeser@state.or.us](mailto:cynthia.r.roeser@state.or.us) ❖

## Vital records fee increase

The Center for Health Statistics recently got permission from the Oregon Legislature to increase the vital records fees effective January 1, 2016. Since the fees are established in Oregon Administrative Rules, we must complete rule making to finalize the fees. The Center for Health Statistics is busy planning for the implementation of the new fees. Stay tuned for further updates on this matter. If you have any questions,

Jennifer Woodward is the preferred contact at (971)-673-1185 or [Jennifer.A.Woodward@state.or.us](mailto:Jennifer.A.Woodward@state.or.us) ❖



## Automation to increase timeliness of high risk infant follow-up

The Center for Health Statistics (CHS) must follow up on every birth certificate that has been identified as a high risk infant. A high risk infant refers to a child born at greater risk for health problems or death as identified by specific factors in the birth record. The factors used to determine if an infant is high risk are: (1) infant weight less than 750 grams, (2) APGAR scores of 3 or less, (3) clinical estimate of gestational age

less than 32 weeks, or (4) if the baby is reported as deceased at the time the birth certificate is submitted for registration through OVERS (Oregon Vital Events Registration System).

Approximately two months after the birth occurs, CHS contacts birth clerks via a faxed letter for confirmation and follow up information on births that are identified as high risk. ❖

## Sample High Risk Infant Follow-up Letter:



TO: Oregon State Medical Center (Fax: 541-123-4567)  
 FROM: Center for Health Statistics, P.O. Box 14050, Portland, OR 97293-0050  
 DATE: 6/3/2015  
 SUBJECT: Follow-up on a High Risk Infant born in your facility

We require additional information about an infant born in your facility. Infants who are 'high risk' (low APGAR score, low birth weight, short gestation, or NICU admission) require follow up to determine if the infant is deceased or was discharged alive. Please confirm or correct the information below and indicate if the infant was discharged alive, transferred to another facility, or is deceased and fax this form to 971-673-1201.

Name of Child: John Doe  
 Mother's Current Legal Name: Jane Doe  
 DOB: 6/3/2015 Case Id #: 4482152

1. Please print your name and phone number: \_\_\_\_\_
2. According to the medical record, is information below correct?  YES  NO  
 If not, please correct in blanks provided.
 

	Current	Correction
a. Birth Weight in grams:	357	_____
b. APGAR Scores @ 5 & 10 minutes:	3 & 5	_____
c. Obstetric estimate of gestation in weeks:	31	_____
d. Infant living at time of report	Yes	_____
e. NICU admission	Yes	_____
3. If the infant is still in your facility, please fill in the blank with today's date and return.  
 As of today, \_\_\_\_\_, this infant is still in our facility.
4. If the infant is no longer in your facility, was the infant discharged alive?
  - a.  YES. Please specify below.
    - i.  This infant was discharged alive. Discharge Date: \_\_\_\_\_
    - ii.  This infant was transferred to another facility.  
 Facility Name: \_\_\_\_\_ Transfer Date: \_\_\_\_\_
  - b.  NO. For live births, disposition of the body must take place in a licensed funeral home, cremation facility, or home burial with the Report of Death filed with the Center of Health Statistics. Please provide the date the infant left your facility and to whom they were released.
    - i. Date: \_\_\_\_\_
    - ii.  Funeral Home. Name: \_\_\_\_\_ OR  
 Individual. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your assistance.

Cynthia Roeser, Center for Health Statistics  
 Phone: 971-673-0478 Fax: 971-673-1201

Within two weeks of receiving one of these letters, please take the time to answer any of the questions that pertain to the record in question and fax it back to our office for processing at 971-673-1201.

If you have any questions on this process or why we must follow-up with high risk infants, please contact Cynthia Roeser at 971-673-0478 or [cynthia.r.roeser@state.or.us](mailto:cynthia.r.roeser@state.or.us) ❖

## Just for Out-of-Facility Birth Attendants

### Introducing the new request for paper birth certificates form

#### *How to Order Certificates of Live Birth*

Birth records are important legal documents and are the primary document used to establish identity. While out of facility, birth attendants are able to use the OVERS system to submit birth records, many choose to use paper forms to submit records of birth. You can make ordering paper birth certificates quick and easy by following the process outlined in this article.

Paper birth certificates can only be ordered by actively licensed health professionals, Oregon Licensed Direct Entry Midwives or midwives who are registered with the Center for Health Statistics as a Traditional Midwife.

When ordering paper birth certificates, the new form is called “Request for Paper Birth Certificates.” See page 6. This form has been made electronically fillable and can be obtained online: <http://bit.ly/orderpaper45-1> You no longer need to use the Request for Vital Records Forms and Tags (45-43).

To avoid rejection of the submitted order form it is important to ensure it is complete and accurate. Any missing information in the requestor section will cause it to be rejected.

It is important to remember that the

requester listed on the order form must always be a licensed health professional, Oregon Licensed Direct Entry Midwife or Traditional Midwife that will be completing and signing paper birth certificate(s). This is very important because each blank paper birth certificate is directly assigned to the requestor listed on the order form. The paper birth certificates are numbered on the back, assigned to the requestor, and tracked for usage. Up to 10 blank birth certificates will be provided. Due to this tracking process, birthing centers must submit an order form for each midwife or licensed health professional. Using one form for group orders cannot be accepted and will cause delay in delivery of the paper birth certificates.

When the order form is completed you can fax it to our office at 971- 673-1201 or mail it to our office at P.O. Box 14050 Portland, OR 97293-0050 (See page 6).

If you have questions about how to fill out the order form or need more information on who can order paper birth certificates, please email Cynthia Roeser at [cynthia.r.roeser@state.or.us](mailto:cynthia.r.roeser@state.or.us) or call her at 971-673-0478.



## Sample Request For Paper Birth Certificates Form

### REQUEST FOR PAPER BIRTH CERTIFICATES Center for Health Statistics

Only the attendant of the birth can certify the report of live birth (ORS 432.088(5)) and will only report live births if present at the birth as the primary attendant.

Reports of live birth must be completed in accordance with the regulations in ORS 432.088(1), specifically that reports of live birth are required to be filed with the Center for Health Statistics within five days after the birth.

#### ORDER WILL BE REJECTED IF NOT COMPLETE

##### Requester:

First Name Jane Middle Name Irma Last Name Doe

Residential Address 123 N Burnside City Portland State OR Zip Code 97232

Telephone # 503-123-4567 FAX # 503-987-6543 Date ordered 06/26/2015

Title Licensed Direct Entry Midwife

License or Traditional Midwife Registration Expiration Date 09/01/2015

Name of licensed facility associated with Great Midwifery

Facility Address Street 456 S Burnside City Portland State OR

Facility Telephone Number 971-123-4567

##### FORM TITLE:

##### FORM #

##### Quantity

FORM TITLE:	FORM #	Quantity
Certificate of Live Birth	45-1 (Limit 10 per order)	10
Voluntary Acknowledgment of Paternity Affidavit	45-21	3
Affidavit to Correct a Birth Certificate	45-25	
Oregon Birth Record Order Form	45-13A	

## Wanted—Newsletter topics

Have a question or idea for a future newsletter article? Contact Judy Shioishi at 971-673-1166 or [judy.shioishi@state.or.us](mailto:judy.shioishi@state.or.us) Judy collects ideas for articles and shares them with the writing team.

**Thank you** to the contributors of this newsletter:

Karen Hampton, Debbie Gott, Jill Janisse, JoAnn Jackson, Joanna Collins, Steven Baird, Karen Rangan, Vivian Su, James Burke, Cynthia Roeser, Lynda Jackson, and Jennifer Woodward.

### Frequent Contacts

#### Paternalities

Debbie Gott  
971-673-1155

#### Death Corrections

Patty Thompson  
971-673-1163

#### Birth Corrections

<1 year, Amanda Vega  
971-673-1169

1year +, Johanna Collins  
971-673-1137

#### Filiations

Tony Bojanowski  
971-673-1143

#### Adoptions

Debbie Draghia  
971-673-1152

#### Delayed Filings

Becki Buskirk  
971-673-1147

#### OVERS Help Desk

971-673-0279

### CHS Managers

#### State Registrar

Jennifer Woodward  
971-673-1185

#### OVERS Manager

Karen Hampton  
971-673-1191

#### Registration Manager

JoAnn Jackson  
971-673-1160

#### Data Processing Supervisor

Cynthia Roeser  
971-673-0478

#### Certification Supervisor

Karen Rangan  
971-673-1182

#### Statistics Manager

Joyce Grant-Worley  
971-673-1156

#### Amendments/Certification Manager

Carol Sanders  
971-673-1178

### The Center for Health Statistics is located at:

800 N.E. Oregon Street, Suite 225  
Portland, OR 97232-2187

**Mailing address:** P.O. Box 14050  
Portland, OR 97293-0050

**General information:** 971-673-1190  
**Order vital records:** 1-888-896-4988

#### Website:

[http://  
public.health.oregon.gov/  
BirthDeathCertificates](http://public.health.oregon.gov/BirthDeathCertificates)

#### OVERS website:

<http://healthoregon.org/overs>

