Oregon Health Authority
PUBLIC HEALTH DIVISION
Center for Health Statistics

Parents - keep this page for your records

Your Baby's Birth Certificate

Please complete this worksheet and return it to the hospital staff before you leave the hospital. The information collected on this worksheet is used to complete your baby's legal birth certificate, meet Oregon and federal law, and gather information that is used for public health.

Please answer every question.

Provide correct information for your baby's birth certificate
It is important that you provide **correct** names, dates of birth, and places of birth. Write in full names and make sure the spelling of the baby's name, the mother, and the other parent is **exactly** as you want it to appear on the birth certificate. *If you have not yet decided on your child's name, leave that field blank. Whatever you write down becomes your child's legal name.*

A LEGAL BIRTH CERTIFICATE IS NOT AUTOMATICALLY ORDERED FOR YOU.
You can order a certified copy of the birth certificate from either your county vital records office (within six months of the birth) or from the State Center for Health Statistics. There is a $25 fee for each certificate. Other fees may apply.

We recommend parents order a certified copy of the birth record within the first year to confirm that the information, including spelling, is correct.

Correcting your baby's birth certificate
If a correction is needed, please contact the State office for instructions. Visit our website at www.HealthOregon.org/changevitalrecords or call us at 971-673-1190. After one year of birth, the requirements for making changes are more complicated and require a $35 amendment fee.

Information required by federal law
Federal law requires that parents' social security numbers be collected at the time of birth. This information is only for child support purposes and is not included on the birth certificate.

Information used for Public Health
There are many questions on the worksheet that will not appear on your child's birth certificate. The information you share is anonymous and is combined with other Oregon birth records. Each question has a purpose. The combined information tells us what problems women are having during their pregnancies. It also helps the Oregon Health Authority evaluate health equity, decide what services to offer, assess distribution of public health funding, and determine levels of need among groups of women. This is why we ask for information about race, ethnicity, language, and disability (REALD) as well as information about your education, number of prenatal visits, and many other detailed questions. Sharing your data with us will not impact any benefits you receive from the state. A video with REALD information can be found at: https://youtu.be/yuTZhMm0VsA

Contact information (name, address, and telephone number) may be released for public health research. Any research of this type has strict requirements for contacting people and for telling people of their rights under the project, including the right to refuse to participate. Contact information might also be released to state agencies for the purpose of making parents aware of opportunities and programs relevant to your child.

Oregon Health Authority
Center for Health Statistics

Birth Record
PARENT WORKSHEET

Please print neatly

CHILD

Legal Name as you want it to appear on the birth certificate

First	Middle	Other Middle	Last	Suffix

Date of Birth ___/___/___ (MM DD YYYY)

Sex ☐ Female ☐ Male ☐ Undetermined ☐ X

Do you want to request a social security number for the child? ☐ Yes ☐ No (If Yes, complete attached authorization to establish social security number at birth.)

BIRTH MOTHER *(THE PERSON WHO HAD THE BABY)*

Your Current Legal Name

First	Middle	Last	Suffix

Your Legal Name Prior to First Marriage/Your Legal Name at Birth ☐ Check if same as Current Legal Name

First	Middle	Last	Suffix

Date of Birth ___/___/___ (MM DD YYYY)

Social Security Number ☐ Check if none

Birthplace State Country

BIRTH MOTHER'S ADDRESS

Mother's Residence Address (No. & Street, Apt/Unit/Space, City, County, State, ZIP)

Mother's Mailing Address (if different) (No. & Street or PO Box, Apt/Unit/Space, City, County, State, ZIP)

☐ Same as residence

Residence Inside City Limits? ☐ Yes ☐ No

Primary Telephone Number

Secondary Telephone Number

BIRTH MOTHER DEMOGRAPHICS

Education: What is the highest level of education you have completed?

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school diploma or GED
- ☐ Some college credit but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate or Professional degree

Race or Ethnicity: *Complete both Part A and Part B*

A. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Write your answer here. _____

B. Which of the following describes your racial or ethnic identity? Please check ALL that apply.

Hispanic and Latino/a/x:
- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Cuban
- ☐ Puerto Rican
- ☐ Other Hispanic or Latino/a/x
  Specify _____

Native Hawaiian and Pacific Islander:
- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander
  Specify _____

White:
- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White
  Specify _____

American Indian and Alaska Native:
- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian-Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Specify Tribe(s) _____

Black and African American:
- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
  Specify _____
- ☐ Other Black
  Specify _____

Middle Eastern/North African:
- ☐ Middle Eastern
- ☐ North Africa

Asian:
- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian
  Specify _____

☐ **Not listed please specify:**

_____

Opt out options:
- ☐ Don't know
- ☐ Don't want to answer

Hospital Staff

No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

If you checked more than one category for racial or ethnic identity, is there one you think of as your primary racial or ethnic identity?

☐ Yes: If Yes, **Please circle your primary racial or ethnic identity from the choices listed on page 1 of the worksheet.**
☐ I do not have just one primary racial or ethnic identity.
☐ No. I identify as Biracial or Multiracial.
☐ N/A. I only checked one category.
☐ Don't know.
☐ Don't want to answer.

Language:

What language or languages do you use at home? _____

If the language or languages used at home are only English, American Sign Language, or sign language, skip the following questions and go to the MOTHER FUNCTIONAL LIMITATIONS Section.

What language would you prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information? _____

What language would you prefer to use to read important written information such as medical, legal, or health information?

_____

How well do you speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Don't know ☐ Don't want to answer

MOTHER FUNCTIONAL LIMITATIONS

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.	Yes	***If yes**, at what age did this condition begin? Write in "0" if since birth to age 1.	No	Don't know	Don't want to answer	Don't know what this question is asking.
Are you **deaf** or have **serious difficulty hearing?**	☐		☐	☐	☐	
Are you **blind** or have **serious difficulty seeing,** even when wearing glasses?	☐		☐	☐	☐	
Do you have **serious difficulty walking or climbing stairs?**	☐		☐	☐	☐	
Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions?**	☐		☐	☐	☐	
Do you have **difficulty dressing or bathing?**	☐		☐	☐	☐	
Do you have **serious difficulty learning how to do things most people your age can learn?**	☐		☐	☐	☐	
Using your **usual (customary) language,** do you have **serious difficulty communicating** (for example understanding or being understood by others)**?**	☐		☐	☐	☐	☐
Answer only if age 15 years and older. Because of a **physical, mental, or emotional condition,** do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping?	☐		☐	☐	☐	
Answer only if age 15 years and older. Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?**	☐		☐	☐	☐	☐

Did you get WIC food for yourself during pregnancy? ☐ Yes ☐ No

Height	Weight (Pre-pregnancy)	Weight (At delivery)
ft. in.	lbs.	lbs.

Cigarettes Smoked Per Day ☐ Check if none

3 months before pregnancy #_____Cigarettes
1st 3 months of pregnancy #_____Cigarettes
2nd 3 months of pregnancy #_____Cigarettes
3rd 3 months of pregnancy #_____Cigarettes

Did you drink alcohol during this pregnancy? ☐ Yes ☐ No If yes, average number of drinks per week? _____

Did you go into labor planning to deliver at home or at a freestanding birthing center (excludes hospital birthing center)?
☐ Yes ☐ No

If yes, the planned primary attendant type at onset of labor was: ☐ Traditional Midwife ☐ Certified Nurse Midwife ☐ Naturopathic Doctor ☐ Medical Doctor ☐ Licensed Direct Entry Midwife

LEGAL RELATIONSHIP OF PARENTS

Did the Mother have a legal spouse or Oregon Registered Domestic (same-sex) Partner at conception, at delivery, or within 300 days prior to delivery?

CHOOSE ONE:
☐ Yes, Mother was married at conception, at delivery, or within 300 days prior to delivery.
☐ Yes, Mother was in an Oregon Registered Domestic Partnership (same-sex) at conception, at delivery, or within 300 days prior to delivery.
☐ No, Mother was not married at conception, at delivery, or within 300 days prior to delivery.

If the Mother answered "**No**" to the question above, will the Mother and the Father sign a paternity acknowledgment to establish legal paternity at this time? ☐ Yes ☐ No, leave Father's information on birth record blank

CERTIFIED COPIES OF BIRTH RECORDS

Parents can request to receive either a "Mother/Father" format or a "Parent/Parent" format on their child's birth certificate.
I want to receive: ☐ Mother/Father ☐ Parent/Parent

FATHER/SECOND PARENT (Only complete this section if you answered "**Yes**" to any of the questions in the section "Legal Relationship of Parents" **AND** you wish to include the father/second parent on the birth certificate. If you are married then you can **ONLY** list your spouse or Oregon Registered Domestic Partner for the "Father/Second Parent" section below.)

Father/Second Parent's Name

First	Middle	Last	Suffix

Date of Birth	Social security number ☐ Check if none	Birthplace State Country
___/___/___ MM DD YYYY		

Hospital Staff
No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

Education: What is the highest level of education the father/second parent has completed?

- ☐ 8th grade or less
- ☐ 9th – 12th grade; no diploma
- ☐ High school diploma or GED
- ☐ Some college credit but no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctorate or Professional degree

Race or Ethnicity: *Complete both Part A and Part B*

A. How does the father/second parent identify their race, ethnicity, tribal affiliation, country of origin, or ancestry?

*Write your answer here.*_____

B. Which of the following describes the racial or ethnic identity of the father/second parent? Please check ALL that apply.

Hispanic and Latino/a/x:

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Cuban
- ☐ Puerto Rican
- ☐ Other Hispanic or Latino/a/x
  Specify _____

Native Hawaiian and Pacific Islander:

- ☐ CHamoru (Chamorro)
- ☐ Marshallese
- ☐ Communities of the Micronesian Region
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander
  Specify _____

White:

- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White
  Specify _____

American Indian and Alaska Native:

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian-Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Specify Tribe(s) _____

Black and African American:

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other African (Black)
  Specify _____
- ☐ Other Black
  Specify _____

Middle Eastern/North African:

- ☐ Middle Eastern
- ☐ North African

Asian:

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian
  Specify _____

☐ **Not listed please specify:**

_____

Opt out options:

- ☐ Don't know
- ☐ Don't want to answer

If the father/second parent checked <u>more than one</u> category for racial or ethnic identity, is there <u>one</u> they think of as their <u>primary</u> racial or ethnic identity?

- ☐ Yes: If Yes, **Please circle the primary racial or ethnic identity from the choices listed on page 4 of the worksheet.**
- ☐ The father/second parent does not have just one primary racial or ethnic identity.
- ☐ No. The father/second parent identifies as Biracial or Multiracial.
- ☐ N/A. The father/second parent only checked one category.
- ☐ Don't know.
- ☐ Don't want to answer.

Language:

What language or languages does the father/second parent use at home? _____

If the language or languages used at home are only English, American Sign Language, or sign language, skip the following questions and go to the FATHER/SECOND PARENT FUNCTIONAL LIMITATIONS Section.

What language would the father/second parent prefer to use when communicating (in person, phone, virtually) with someone outside the home about important matters such as medical, legal, or health information? _____

What language would the father/second parent prefer to use to read important written information such as medical, legal, or health information? _____

How well do they speak English? ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐ Don't know ☐ Don't want to answer

FATHER/SECOND PARENT FUNCTIONAL LIMITATIONS

The father/second parent answers will help us find health and service differences among people with and without functional difficulties. Their answers are confidential.	Yes	***If yes**, at what age did this condition begin? Write in "0" if since birth to age 1.	No	Don't know	Don't want to answer	Don't know what this question is asking.
Is the father/second parent **deaf** or have **serious difficulty hearing?**	☐		☐	☐	☐	
Is the father/second parent **blind** or have **serious difficulty seeing,** even when wearing glasses?	☐		☐	☐	☐	
Does the father/second parent have **serious difficulty walking or climbing stairs?**	☐		☐	☐	☐	
Because of a physical, mental, or emotional condition, does the father/second parent have **serious difficulty concentrating, remembering, or making decisions?**	☐		☐	☐	☐	
Does the father/second parent have **difficulty dressing or bathing?**	☐		☐	☐	☐	
Does the father/second parent have **serious difficulty learning how to do things most people their age can learn?**	☐		☐	☐	☐	
Using their **usual (customary) language,** does the father/second parent have **serious difficulty communicating** (for example understanding or being understood by others)**?**	☐		☐	☐	☐	☐
Answer only if age 15 years and older. Because of a **physical, mental, or emotional condition,** does the father/second parent have **difficulty doing errands alone** such as visiting a doctor's office or shopping?	☐		☐	☐	☐	
Answer only if age 15 years and older. Does the father/second parent have **serious difficulty** with the following: **mood, intense feelings, controlling their behavior, or experiencing delusions or hallucinations?**	☐		☐	☐	☐	☐

PRENATAL

Principal Method of Payment

☐ Medicaid/Oregon Health Plan ☐ Private insurance ☐ Self-pay ☐ Indian Health Services ☐ Champus/Tricare ☐ Other government ☐ Other: _____

Date of last menses (Date of last period) ___/___/___ (MM DD YYYY)

Prenatal Care
Date of 1st visit ___/___/___ (MM DD YYYY)
Total # of visits _____

Previous live births (Does not include this baby)
now living _____
now deceased _____
Date of last live birth ___/___ (MM YYYY)

Other Pregnancy Outcomes (Spontaneous or induced terminations or ectopic pregnancy)
# of other outcomes _____ (combined #)
Date of last other outcome ___/___ (MM YYYY)

INFORMANT *(PERSON PROVIDING THE INFORMATION)*

☐ Birth mother ☐ Father/Second Parent named on record ☐ Other (specify relationship):_____

If other than parent, Informant's Name

First	Middle	Last	Suffix

I certify that the information provided on this form, for the purpose of completing the birth record, is correct to the best of my knowledge.

X_____ Date signed: _____
Informant's signature

Hospital Staff

No individual or agency other than the Center for Health Statistics should be provided with a copy of this completed worksheet.

Oregon Health Authority
PUBLIC HEALTH DIVISION
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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 the Social Security Administration (SSA) from issuing your child a Social Security number and card.

Under contract with 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 _____ Middle _____ Last _____ Suffix _____

Date of birth (Month / Day / Year) _____

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)

Print _____
First Middle Last Suffix

Signature _____ Date signed _____

Facilities, midwifes, and home birth parents fax this form to 971-673-3122.

OHA 9704 (07/22)

Hospital Staff – You may provide the parent(s) a copy of this page upon request. Please instruct the parent(s) that this page is not intended as proof that a social security number has been requested. If they require proof of request for enumeration at birth provide them with receipt (form SSA-2853). No agency other than the Center for Health Statistics should be provided with a copy of this page or any information from the report of live birth or worksheets. Direct all agency requests for information on birth or social security numbers to the Center for Health Statistics at CHS.Registration@dhsoha.state.or.us or 971-673-1190.