



**MANDATORY BIRTH REPORTING FOR BIRTH CERTIFICATE - MOTHER/PARENT**

**Confidential Information**

The following items are required to be collected according to Massachusetts' law (M.G.L. Ch.111 §24B). The law also requires that hospitals report additional medical information related to births. This information is kept completely confidential and is used for public health and population statistics, medical research, and program planning. These items never appear on copies of the birth certificate issued to you or your child. Your information is most commonly combined with data from mothers throughout Massachusetts and the United States and is published in tables and charts that do not identify you personally. The information you provide lets planners know which cities or towns need better public health services and provides facts your doctor needs to know to deliver babies safely. For instance, you help local school departments project numbers of students to plan for your newborn's education, you help researchers and doctors know what effect quitting smoking during pregnancy has on fetal development or which occupations may be hazardous during pregnancy, and you help health providers know which languages are spoken in their area to have translated materials ready. Your cooperation is urgently needed in order to compile accurate data about Massachusetts families and their newborns. This is the primary source of statistical information about Massachusetts births, which without your help would be unknown. Planners and medical providers use birth data to improve or create new programs and services for mothers and their newborns. Your privacy is taken very seriously. Individual data is never released without the express permission of the Commissioner of Public Health and only within very strict guidelines. As an example of an approved use of individual information, the hospital reports results of your child's hearing test to the Department of Public Health's Universal Newborn Hearing Screening Program for follow-up if needed.

**MOTHER/PARENT Information**

This section is used to complete the Mother/Parent fields on the child's birth certificate. The parent that appears in this section must be the delivering mother unless otherwise directed by court order.

**Mother/Parent Full Legal Name:** Enter the name of the parent that will appear in the Mother/Parent section of the child's birth certificate. Separate the first, middle, and surname fields in the boxes below. This name is your full and current legal name that you use for signing legal documents.

<b>*First Name:</b>	
<b>*Middle Name:</b> <input type="checkbox"/> Check if the mother/parent does not have a middle name.	
<b>*Surname: (Last Name)</b>	<b>*Generational, if any: (e.g., JR, III)</b>

**Mother/Parent Telephone:** Please provide telephone numbers for contacting you if there is a problem with your child's birth record. Telephone is not printed on your child's birth certificate.

**Mother/Parent Social Security Number (SSN):** SSN is required by federal law for all birth registrations. SSN is not printed on your child's birth certificate.

<b>Telephone #:</b>	<b>Alternate Telephone #:</b>	<b>SSN:</b> Check if: <input type="checkbox"/> I have never been issued a Social Security #
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**Mother/Parent - Facts of Birth:** Enter the following information about your birth date, your name at the time of your birth, your sex, and where you were born. Place of birth should contain the city/town of birth or local jurisdiction where your own birth certificate is on file. This information is needed for legal registration purposes and is also useful for family genealogical research.

<b>*Date of Birth:</b> (e.g., Mar. 27 1980)	<b>*Surname (last name) at your birth or adoption:</b> (Maiden Surname)	
Month                      Day                      Year		
<b>*Place of Birth:</b>		
Country (Do not abbreviate, unless U.S.)	State or Province (Do not abbreviate)	City/Town or Local Jurisdiction (Do not abbreviate)

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**Mother/Parent - Current Marital Status:** Although your marital status does not print on your child's birth certificate, it is necessary to register the record legally and properly. Failure to provide accurate marital status information can cause your child's birth certificate to remain unregistered, causing legal difficulties throughout your child's life.

**Marital Status and Paternity Establishment:**

- If the mother/parent is not married, and was not married within 300 days of the child's birth, a biological father may be added through a *Voluntary Acknowledgment of Parentage* at the time of birth, or at a later date. Both parents must sign this form.
- If the mother/parent is currently married, or was married within 300 days of the birth, the spouse will be listed as the father/parent on the child's initial birth certificate unless the mother/parent and spouse sign an *Affidavit of Non-Paternity* and the mother and biological father sign a *Voluntary Acknowledgment of Parentage*.
- For more information, ask your hospital birth registrar for assistance.
  - Questions about the *Voluntary Acknowledgment of Parentage* or the *Affidavit of Non-Paternity* may also be directed to: Registry of Vital Records and Statistics at (617) 740-2600.
  - Questions about court adjudications of paternity, voluntary acknowledgments, DNA testing, or other questions about establishing paternity at birth, or in the future, may be directed to: Department of Revenue, Child Support Enforcement Division, at 1-800-332-2733.

<b>Marital Status:</b>			
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced:	Date of Divorce:	County/Jurisdiction where filed:
<input type="checkbox"/> Never Married	<input type="checkbox"/> Widowed:	Date of Spouse's Death:	
If married, divorced, or widowed: <b>Is your spouse or former spouse the father/parent of this child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NOT married and live in a different town than where the hospital of birth is located, you may request that a copy of the birth certificate be kept at your city/town of residence as well. <b>If this applies to you, do you want your child's certificate to be also kept at your residence city/town clerk's office?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Mother/Parent - Residence:** Your residence is the actual address of the place where you live. Do not use a post office box or other address used for mailing purposes only. The city or town where you live must be listed by its legal and proper name. Do not list a neighborhood, village or other sub-division name. You will be asked for your mailing address in the next section.

<b>*Residence:</b>		
Street number and name (e.g., 9 Ninth Street)		Apartment or unit, if any (e.g., Apt. 9)
Proper City/Town name (e.g., Boston, not Mattapan)	State (Province/state and country if not U.S.) (Do not abbreviate)	Zip Code
<b>County of Residence:</b>	<b>If not in Massachusetts, do you live within city limits?</b>	
In what county do you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

**Mother/Parent - Mailing Address:** Enter your mailing address if it is different than your residence address. This address does not appear on your child's birth certificate but may be used to contact you if there is a problem with the birth certificate.

<b>Mailing Address:</b>		
Number and Street, PO Box or RR# - Please write the postal delivery address where you receive your mail		
City/Town	State (Province/state and country if not U.S.) (Do not abbreviate)	Zip Code

<b>Worksheet completed by:</b>
Please sign: _____
<input type="checkbox"/> Mother/Parent <input type="checkbox"/> Father/Parent <input type="checkbox"/> Other Relationship _____

**Mother/Parent Ethnicity:** Information about ethnicities of parents help researchers understand more about genetic conditions, cultures, and geographic locations of existing and new ethnic communities that may affect the availability of quality prenatal care services, outcomes of pregnancies, and future health needs of young children and their families.

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**Please indicate your ethnic background(s).** *You may choose more than one.*

<input type="checkbox"/> African (specify): _____	<input type="checkbox"/> Korean
<input type="checkbox"/> African-American	<input type="checkbox"/> Laotian
<input type="checkbox"/> American	<input type="checkbox"/> Mexican, Mexican American, Chicano
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle Eastern (specify): _____
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Native American (specify tribal nation(s)): _____
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Cape Verdean	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Caribbean Islander (specify): _____	<input type="checkbox"/> Russian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Colombian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cuban	<input type="checkbox"/> Other Asian (specify): _____
<input type="checkbox"/> Dominican	<input type="checkbox"/> Other Central American (specify): _____
<input type="checkbox"/> European (specify): _____	<input type="checkbox"/> Other Pacific Islander (specify): _____
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Portuguese (specify): _____
<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Other South American (specify): _____
<input type="checkbox"/> Haitian	<input type="checkbox"/> Other ethnicity(ies) not listed (specify): _____
<input type="checkbox"/> Honduran	
<input type="checkbox"/> Japanese	

**Mother/Parent Race:**

**Please indicate the mother/parent's race(s).** *You may choose more than one.*

<input type="checkbox"/> American Indian/Alaska Native (specify tribal nation(s)): _____	<input type="checkbox"/> Hispanic/Latino/Other (specify): _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black	<input type="checkbox"/> Samoan
<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic/Latino/Black	<input type="checkbox"/> Other Pacific Islander (specify): _____
<input type="checkbox"/> Hispanic/Latino/White	<input type="checkbox"/> Other race not listed (specify): _____

**Mother/Parent Education:** Information about education of parents helps researchers understand more about trends in age and education levels of Massachusetts parents, choices in delivery methods and assisted reproductive technologies, reading levels required for health education materials, health information needs in schools by district, and other factors that may affect birth outcomes and maternal and child health.

**What is the highest level of schooling that you have completed at the time of delivery?**

<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> Some college credit, but no degree	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
<input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade	<input type="checkbox"/> Certificate	<input type="checkbox"/> Master's degree (e.g., MA, MSW, MBA)
<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Associate degree (e.g., AA, AS)	<input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, JD)

**Mother/Parent Occupation and Industry:** Information about jobs parents hold helps researchers find out more about how certain occupations and industries may affect birth outcomes. Certain job conditions such as exposures to toxic paints and chemicals, high-stress industries and low income occupations may affect maternal health conditions and be linked to birth defects.

<p><b>Usual occupation/job within the past year:</b></p> <p><i>Examples:</i> computer programmer, cashier, homemaker, unemployed</p>	<p><b>In what industry?</b> <i>(You may list an industry or a company name):</i></p> <p><i>Examples:</i> software company, Smith's Supermarket, own home</p>
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**Tobacco Use:** Information about tobacco use by mothers before and during pregnancy helps doctors provide better information to pregnant women on the effects of smoking on birth weight and other birth outcomes. This question will help to find out whether reducing or increasing smoking at different stages during the pregnancy has different results.

**How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?**

	Number of cigarettes	or	Number of packs
3 months <u>before</u> pregnancy	_____		_____
First 3 months of pregnancy	_____		_____
Second 3 months of pregnancy	_____		_____
Third trimester (last 3 months) of pregnancy	_____		_____

**Mother/Parent Language Preference:** Information about the language in which parents prefer to speak or that they find easiest to read helps public health programs and medical providers be better prepared with appropriate translators and translated information. Identifying neighborhoods and communities with many foreign-speaking residents helps to place translation staff and materials where they are most needed.

<b>In what language do you prefer to speak when talking about health questions or concerns?</b>					
<b>In what language do you prefer to read health-related materials?</b>					
<b>English</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<b>Somali</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read
<b>Spanish</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<b>Arabic</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read
<b>Portuguese</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<b>Albanian</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read
<b>Cape Verdean Creole</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<b>Chinese</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read
<b>Haitian Creole</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	(specify dialect): _____		
<b>Khmer</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<b>Russian</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read
<b>Vietnamese</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<b>American Sign Language</b>	<input type="checkbox"/> Speak	
<b>Cambodian</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<b>Other</b>	<input type="checkbox"/> Speak	<input type="checkbox"/> Read
			(specify): _____		

**Alcohol Use:** This question will help to find out which amounts of alcohol have an effect on birth weight and other birth outcomes and if drinking at different times during pregnancy has different results. With real data about alcohol use during pregnancy, doctors can give better advice to pregnant mothers.

<b>Did you drink any alcohol in the three months before this pregnancy or anytime during this pregnancy?</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes:</i>	In the three months <b>before this pregnancy</b> , how many drinks (beer, wine or cocktails) did you have in an average week? _____
	In the <b>first three months (first trimester) of this pregnancy</b> , how many drinks (beer, wine or cocktails) did you have in an average week? _____
	In the <b>second three months (second trimester) of this pregnancy</b> , how many drinks (beer, wine or cocktails) did you have in an average week? _____
	In the <b>third trimester of this pregnancy</b> , how many drinks (beer, wine or cocktails) did you have in an average week? _____

**WIC Food:** Public health program planners would like to know if women sign up for WIC because they become pregnant and if receiving WIC food during pregnancy helps mothers deliver healthier babies. Information such as this may help to keep such programs available for women and children.

<b>Did you receive WIC (Women, Infants &amp; Children) food for yourself because you were pregnant with this child?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
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**Weight and Maternal and Child Health:** In combination with known statistics about weight gain during pregnancy, public health researchers want to study pre-pregnancy weights to see if some weight ranges result in healthier mothers and babies.

<b>What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this child?</b>	_____ lbs.
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**Dental Care during Pregnancy:** Public health researchers would like get more information on whether professional teeth cleanings during pregnancy have an effect on newborn health, so that doctors can better advise women who become pregnant.

<b>During this pregnancy did you have your teeth cleaned by a dentist or dental hygienist?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>ADEQUACY OF PRENATAL CARE</b>			
<b>Did the Mother have Prenatal Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of <u>First</u> Prenatal Care Visit (MM/DD/YYYY)</b>		
	Month	Day	Year
<b>Total # of Prenatal Care Visits:</b> _____	<b>Date of <u>Last</u> Prenatal Care Visit (MM/DD/YYYY)</b>		
	Month	Day	Year

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### MOTHER'S PREGNANCY HISTORY

Mother's Height: _____ feet _____ inches	Date of <b>Last Menses</b> (MM/DD/YYYY)
	Month _____ Day _____ Year _____
<b>Previous Live Births:</b> <i>Do not include this child or multiples of higher birth order:</i>	Date of <b>Last Live Birth</b> (MM/DD/YYYY)
	Month _____ Day _____ Year _____
# Now living: _____ # Born alive, now dead: _____	Month _____ Day _____ Year _____
<b>Number of Other Pregnancy Outcomes:</b> <i>Include fetal losses of any gestational age - spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include all fetal losses delivered <u>before</u> this infant in this pregnancy.</i>	Date of <b>Last Other Pregnancy Outcome</b> (MM/DD/YYYY)
	Month _____ Day _____ Year _____
# Other Pregnancy Outcomes _____	Month _____ Day _____ Year _____

### PRENATAL CARE PRACTITIONER (choose all that apply)

<input type="checkbox"/> MD - OB/GYN	<input type="checkbox"/> MD - Other	<input type="checkbox"/> MD - Family Practitioner
<input type="checkbox"/> DO	<input type="checkbox"/> CNM	<input type="checkbox"/> NP
<input type="checkbox"/> RN	<input type="checkbox"/> Midwife	<input type="checkbox"/> PA
<input type="checkbox"/> Other - specify: _____		

### PRIMARY PRENATAL CARE SITE (choose one)

<input type="checkbox"/> Private physician's office	<input type="checkbox"/> Hospital clinic (specify name): _____
<input type="checkbox"/> Community health center (specify name): _____	
<input type="checkbox"/> Health Maintenance Organization (HMO) site (specify name): _____	
<input type="checkbox"/> Other (specify): _____	

### PRENATAL TESTS AND PROCEDURES (choose all that apply)

**For all definitions of the terms listed below, please refer to the Glossary for Hospital Mandatory Birth Reporting.**

<input type="checkbox"/> Amniocentesis	<input type="checkbox"/> Fetal surgery	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> Cervical cerclage	<input type="checkbox"/> Hospitalization (prenatal for this pregnancy)	<input type="checkbox"/> None of the above
<input type="checkbox"/> CVS (Chorionic villus sampling) (cervical or abdominal test to determine genetics)	<input type="checkbox"/> Tocolysis (stopping or delaying contractions during premature labor)	<input type="checkbox"/> Other (specify): _____

### BIRTH TRENDS AND TECHNOLOGIES

**Fertility Treatments and Technologies:** Better information about use of fertility drugs and assisted reproductive technologies will allow researchers to determine trends in the use of new types of treatments. This data will also help obstetricians and their patients know more about what risks and benefits there may be to mothers and newborns, depending on mother's age, genetic relationship to the child, and other characteristics. This information should be completed about the delivering mother.

**Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with this current pregnancy? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)**  Yes  No

*If you answered yes:*

**Did you use any of the following fertility treatments during the month you got pregnant with this current pregnancy?**

*Check all that apply:*

<input type="checkbox"/> <b>Fertility-enhancing drugs prescribed by a doctor</b> Fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation.
<input type="checkbox"/> <b>Artificial insemination or intrauterine insemination</b> Include treatments in which sperm, but NOT eggs, were collected and medically placed into the birth mother.
<input type="checkbox"/> <b>Assisted reproductive technology</b> Include treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer.
<input type="checkbox"/> <b>I was not using fertility treatments during the month that I got pregnant with my new baby.</b>
<input type="checkbox"/> <b>Other medical treatment. Please specify:</b> _____

**Did any of these apply during this pregnancy? Check all that apply:**

<input type="checkbox"/> Anonymous egg donor	<input type="checkbox"/> Surrogacy
<input type="checkbox"/> Anonymous sperm donor	<input type="checkbox"/> None of these apply

**Home Births:** Answer only if you delivered your baby at home. (If not, you may skip this question). This question will help to find out how many home births were planned and how many were unplanned, to provide statistical information and services.

**Did you plan on delivering your baby at home or did you want to have your baby in a hospital or birth center?**

Yes, I wanted to deliver my baby at home  No, I wanted to deliver my baby in a hospital or birth center

# MANDATORY BIRTH REPORTING FOR BIRTH CERTIFICATE - FATHER/PARENT

## FATHER/PARENT Information

This section is used to complete the Father/Parent fields on the child's birth certificate. Please indicate relationship of the father/parent to the mother/parent:

- Married to the Mother/Parent, or married to the mother/parent within 300 days of the child's birth.
- Not married to Mother/Parent, but will complete a *Voluntary Acknowledgment of Parentage* or is named by court order.
  - If the mother/parent is not married, and *was not* married within 300 days of the child's birth, a father may be added through a *Voluntary Acknowledgment of Parentage* at the time of birth, or at a later date. Both parents must sign this form.
  - If the mother/parent is currently married, or was married within 300 days of the birth, to someone other than the father of the child, the spouse will be listed on the child's birth certificate *unless* the spouse and the mother/parent sign an *Affidavit of Non-Paternity* and the father and the mother/parent sign a *Voluntary Acknowledgment of Parentage*.
  - If you have questions about paternity or parental status, ask your hospital birth registrar, or contact the Registry of Vital Records and Statistics at (617) 740-2600 or contact the Department of Revenue, Child Support Enforcement Division at 1-800-332-2733.

**Father/Parent Name:** Enter the name of the parent that will appear in the Father/Parent section of the child's birth certificate and/or on the *Voluntary Acknowledgment of Parentage*. Separate the first, middle, and surname fields in the boxes below. This name is your full and current legal name that you use for signing legal documents.

<b>*First Name:</b>	
<b>*Middle Name:</b> <input type="checkbox"/> Check if the father/parent does not have a middle name.	
<b>*Surname:</b> (Last Name)	<b>*Generational, if any:</b> (e.g., JR, III)

**Father/Parent Social Security Number (SSN):**

SSN is required by federal law for all birth registrations. SSN is not printed on your child's birth certificate.

<b>SSN:</b>
Check if: <input type="checkbox"/> I have never been issued a Social Security #

**Father/Parent - Facts of Birth:** Enter the following information about your birth date, your name at the time of your birth, your sex, and where you were born. Place of birth should contain the city/town of birth or local jurisdiction where your own birth certificate is on file. This information is needed for legal registration purposes and is also useful for family genealogical research.

<b>*Date of Birth:</b> (e.g., <u>Mar. 27 1980</u> )	<b>*Surname (last name) at your birth or adoption:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
Month                      Day                      Year		
<b>*Place of Birth:</b>		
Country (Do not abbreviate, unless U.S.)	State or Province (Do not abbreviate)	City/Town or Local Jurisdiction (Do not abbreviate)

**Father/Parent - Residence:** Your residence is the actual address of the place where you live. Do not use a post office box or other address used for mailing purposes only. The city or town where you live must be listed by its legal and proper name. Do not list a neighborhood, village or other sub-division name.

**Father/Parent residence address is the same as the Mother/Parent.** If not the same, please complete:

<b>*Residence:</b>		
Street number and name (e.g., 9 Ninth Street)	Apartment or unit, if any (e.g., Apt. 9)	
Proper City/Town name (e.g., Boston, not Mattapan)	State (Province/state and country if not U.S.) (Do not abbreviate)	Zip Code
<b>County of Residence:</b>	<b>If <u>not</u> in Massachusetts, do you live within city limits?</b>	
In what county do you live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	



**Worksheet completed by:**

Please sign: \_\_\_\_\_

- Mother/Parent   
 Father/Parent   
 Other Relationship \_\_\_\_\_

Please return this worksheet to your hospital birth registrar, or as otherwise instructed. Thank you.

**FATHER/PARENT**

**Father/Parent Ethnicity:** Information about ethnicities of parents help researchers understand more about genetic conditions, cultures, and geographic locations of existing and new ethnic communities that may affect the availability of quality prenatal care services, outcomes of pregnancies, and future health needs of young children and their families.

**Please indicate the father/parent's ethnic background(s).** You may choose more than one.

- |  |  |
|--|--|
| <input type="checkbox"/> African (specify): _____            | <input type="checkbox"/> Korean  |
| <input type="checkbox"/> African-American                    | <input type="checkbox"/> Laotian   |
| <input type="checkbox"/> American                            | <input type="checkbox"/> Mexican, Mexican American, Chicano                |
| <input type="checkbox"/> Asian Indian                        | <input type="checkbox"/> Middle Eastern (specify): _____                   |
| <input type="checkbox"/> Brazilian                           | <input type="checkbox"/> Native American (specify tribal nation(s)): _____ |
| <input type="checkbox"/> Cambodian                           | <input type="checkbox"/> Portuguese  |
| <input type="checkbox"/> Cape Verdean                        | <input type="checkbox"/> Puerto Rican                                      |
| <input type="checkbox"/> Caribbean Islander (specify): _____ | <input type="checkbox"/> Russian   |
| <input type="checkbox"/> Chinese                             | <input type="checkbox"/> Salvadoran  |
| <input type="checkbox"/> Colombian                           | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Cuban                               | <input type="checkbox"/> Other Asian (specify): _____                      |
| <input type="checkbox"/> Dominican                           | <input type="checkbox"/> Other Central American (specify): _____           |
| <input type="checkbox"/> European (specify): _____           | <input type="checkbox"/> Other Pacific Islander (specify): _____           |
| <input type="checkbox"/> Filipino                            | <input type="checkbox"/> Other Portuguese (specify): _____                 |
| <input type="checkbox"/> Guatemalan                          | <input type="checkbox"/> Other South American (specify): _____             |
| <input type="checkbox"/> Haitian                             | <input type="checkbox"/> Other ethnicity(ies) not listed (specify): _____  |
| <input type="checkbox"/> Honduran                            |  |
| <input type="checkbox"/> Japanese                            |  |

**Father/Parent Race:**

**Please indicate the father/parent's race(s).** You may choose more than one.

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native (specify tribal nation(s)): _____ | <input type="checkbox"/> Hispanic/Latino/Other (specify): _____  |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Native Hawaiian                         |
| <input type="checkbox"/> Black   | <input type="checkbox"/> Samoan                                  |
| <input type="checkbox"/> Guamanian or Chamorro   | <input type="checkbox"/> White                                   |
| <input type="checkbox"/> Hispanic/Latino/Black   | <input type="checkbox"/> Other Pacific Islander (specify): _____ |
| <input type="checkbox"/> Hispanic/Latino/White   | <input type="checkbox"/> Other race not listed (specify): _____  |

**Father/Parent Education:** Information about education of parents helps researchers understand more about trends in age and education levels of Massachusetts parents, choices in delivery methods and assisted reproductive technologies, reading levels required for health education materials, health information needs in schools by district, and other factors that may affect birth outcomes and maternal and child health.

**What is the highest level of schooling that the father/parent has completed at the time of the child's delivery?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 8 <sup>th</sup> grade or less            | <input type="checkbox"/> Some college credit, but no degree yet | <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)                                       |
| <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade | <input type="checkbox"/> Certificate                            | <input type="checkbox"/> Master's degree (e.g., MA, MSW, MBA)                                       |
| <input type="checkbox"/> High school graduate or GED              | <input type="checkbox"/> Associate degree (e.g., AA, AS)        | <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, JD) |

**Father/Parent Occupation and Industry:** Information about jobs parents hold helps researchers find out more about how certain occupations and industries may affect birth outcomes. Certain job conditions such as exposures to toxic paints and stress may affect families health conditions and be linked to birth defects.

**Usual occupation/job within the past year:**

Examples: computer programmer, cashier, teacher, unemployed

**In what industry? (You may list an industry or a company name):**

Examples: software company, Smith's Supermarket, education

Please return this worksheet to your hospital birth registrar, or as otherwise instructed. Thank you.

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4

# MANDATORY BIRTH REPORTING FOR BIRTH CERTIFICATE - NEWBORN

## CHILD Information

**Child's Full Name (if known):** Print your child's name exactly as you want it to appear on his or her birth certificate. Separate the first, middle, and last names in the boxes below.

\*First Name:

\*Middle Name:  Check if the child's certificate *will not* have a middle name.

\*Surname: (Last Name)

\*Generational, if any: (e.g., JR, III)

### Do you want a social security number for your child mailed to you automatically?

If you answer "Yes," an electronic application will be sent to the Social Security Administration (SSA) and a card will be mailed by SSA to your residence (or mailing address) within six weeks of the birth. Note that in compliance with the Taxpayer Relief Act of 1997, all applications for a child's social security card must contain the parent(s) social security number(s) and this information will be sent to SSA with your child's electronic application. If you answer "No", then you will need to apply for a social security number at your local SSA office. This information does not appear on your child's birth certificate.

Do you want a social security number for your child issued automatically?  Yes  No

## MOTHER/PARENT RELATIONSHIP TO CHILD

### Mother/Parent Relationship to Child:

Please indicate the relationship of the individual who will be listed on the birth certificate as Mother/Parent:

- Mother (Delivering and Legal)
- Surrogate - Genetic
- Surrogate - Non-Genetic
- Legal Genetic (court order)
- Legal Non-Genetic (court order)
- Unknown

### Father/Parent Relationship to Child:

Please indicate the relationship of the individual who will be listed on the birth certificate as Mother/Parent:

- Father (Spouse or by Acknowledgement)
- Legal Genetic (court order)
- Legal Non-Genetic (court order)
- Unknown

Childs Date of Birth : \_\_\_ / \_\_\_ / \_\_\_\_\_

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4