

Official Birth Mother's Worksheet to Establish Legal Certificate of Live Birth

HOSPITAL USE ONLY – AFFIX MOM & BABY LABELS

Hospital Name _____

Mother's Medical Record # _____

Infant's Medical Record # _____

Infant's Date of Birth _____

Plurality _____ Birth Order _____

Date Entered in EBRS & Staff _____

This information will be used to establish your baby's legal birth certificate. The Certificate of Live Birth establishes your baby's legal identity, age, parentage, and U.S. citizenship. This worksheet is confidential and will not be publicly disclosed. This information may be used for public health research and activities to help improve the health of mothers and babies.

Complete this worksheet accurately and to the best of your ability. This worksheet must be completed at the birthing facility within seven days from the date of birth of the infant. Failure to provide the birth worksheet within seven days will result in the infant's birth record being established with information provided by the birthing facility. If this occurs, a court order will be required to change the birth record. Please print clearly in black or dark blue ink. Please ask hospital staff for help, if needed.

The Birth Mother may name the baby whatever she wishes as long as the characters are LETTERS on an English keyboard. An apostrophe, hyphen and spaces may be used. The following are not allowed: nicknames, abbreviations, special characters including diacritical or accent marks, or any name enclosed in quotations or parentheses. Any change to the baby's name will require a Legal Change of Name court order to change the name after registration.

The **first and middle name** of the child may be established after the birth certificate has been registered and prior to the first birthday of the infant. Contact the Bureau of Health Statistics for information on how to properly establish the infant's first and middle name after the birth certificate has been registered. If the Birth Mother or parents choose to name the infant after the birth record has been established and prior to the infant's first birth, the social security number will not be issued until the infant is named. A Legal Change of Name Court Order will be required if the first and middle name are not established prior to the first birthday of the child.

BABY

Enter baby's information

1. Baby's legal name as it should appear on the birth certificate.

FIRST

MIDDLE

if any

LAST (SURNAME)

GENERATIONAL SUFFIX (Jr., II, III, IV, etc.)

if any

BIRTH MOTHER*Enter Birth Mother's information***PREFERRED PARENTAGE TITLE** *(Check one)*☐ Mother ☐ Parent**2. Birth Mother's current legal name**

FIRST

MIDDLE

*if any*LAST *(SURNAME)***3. Birth Mother's current residence** *(actual physical location of Birth Mother's residential household)*

Physical Address – Complete number and street

Apt., Ste., Unit, or Lot No.

Country *(United States or name of Foreign Country)*

State, U.S. Territory, or Canadian Province

City

County

Zip Code

Located inside limits of incorporated city
or town? *(Check one)*☐ Yes☐ No☐ UnknownPhone No. *(include area code)***4. Birth Mother's mailing address**☐ **Same as residence** *(Check if the mailing and residence addresses are the same, then go to #5)**Complete below only if the Birth Mother's mailing address is different from her residence address*

Complete number and street, or P.O. Box

Apt., Ste., Unit, or Lot No.

Country *(United States or name of Foreign Country)*

State, U.S. Territory, or Canadian Province

City

Zip Code

5. Birth Mother's place of birth

Country

State, U.S. Territory, or Canadian Province

6. Birth Mother's date of birth*Month**Day**Year***7. Mother's primary or preferred language**☐ English☐ Other *(Specify)* _____

8. Level of schooling that best describes the Birth Mother's education at this time (Check one)

- | | |
|--|---|
| <input type="checkbox"/> 8th Grade or Less | <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) |
| <input type="checkbox"/> 9th – 12th Grade; No Diploma | <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) or Professional Degree (e.g., MD, DO, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> High School Graduate or GED Completed | <input type="checkbox"/> Technical / Instructional School |
| <input type="checkbox"/> College Credit, but no Degree | |
| <input type="checkbox"/> Associate Degree (e.g., AA, AS) | |
| <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) | |

9. Is Birth Mother of Spanish / Hispanic / Latina origin? (Check Yes or No. If Yes, specify)

- | | | |
|--|---|--|
| <input type="checkbox"/> No, not Spanish / Hispanic / Latina | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Mexican, Mexican American, Chicana | <input type="checkbox"/> Puerto Rican |
| | <input type="checkbox"/> Cuban | <input type="checkbox"/> Other (Specify) _____ |

10. Race that Birth Mother considers herself to be

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or Alaska Native
Specify Tribe _____ | <input type="checkbox"/> Other Asian (Specify) _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander (Specify) _____ |
| | <input type="checkbox"/> Other (Specify) _____ |

11. Birth Mother received WIC food for herself during this pregnancy

- | | |
|----------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown | |

12. Number of cigarettes Birth Mother smoked on an average day before and during this pregnancy

If none for a time period, enter "0".
(1 pack = 20 cigarettes)

Three months before pregnancy	# _____
First three months of pregnancy	# _____
Second three months of pregnancy	# _____
Last three months of pregnancy	# _____

12a. Vape / E-cigarette used before and during this pregnancy

(Check all that apply)

Three months before pregnancy	<input type="checkbox"/>
First three months of pregnancy	<input type="checkbox"/>
Second three months of pregnancy	<input type="checkbox"/>
Last three months of pregnancy	<input type="checkbox"/>

13. Birth Mother's height Feet Inches	14. Birth Mother's weight right before she became pregnant with this child <i>Approximate pounds or weight from prenatal visit during first trimester</i>
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BIRTH MOTHER'S MARITAL STATUS – Required to Register Birth Record and to Establish Parentage

15a. Has the Birth Mother ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer is No, also answer #15c.)
15b. If 'Yes': Was the Birth Mother legally married when she conceived this baby, when this baby was born, or any time between conception and giving birth? <input type="checkbox"/> Yes (Go to #16) <input type="checkbox"/> No (If the answer is No, also answer #15c.) 144.13(2) If the Birth Mother was married at the time of conception, birth, or any time during the period between conception and birth, the name of the Spouse shall be entered on the certificate as the parent of the child unless paternity has been determined otherwise by a court of competent jurisdiction, in which case the name of the father as determined by the court shall be entered by the department.
15c. If No, has a Voluntary Paternity Affidavit form been completed with the alleged biological father and the signatures notarized here at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No

A Voluntary Paternity Affidavit is a mutual agreement between a Birth Mother who is not legally married and the alleged biological father. By completing this form, both parties accept that the man signing the Voluntary Paternity Affidavit is the biological father and agrees to be legally responsible for this baby. By Iowa law, if the Birth Mother is not lawfully married, the biological father's information may only be added to the baby's birth certificate when a legal paternity action is filed with the Bureau of Health Statistics, Iowa Department of Health and Human Services. The Voluntary Paternity Affidavit is a legal paternity action, but does not require going to court and does not cost anything to file. Ask hospital staff for help with the Affidavit, if needed.

16. Mother's full name as it appears on her legal birth certificate or used before any marriage (MAIDEN NAME)

FIRST
MIDDLE <i>if any</i>
LAST (SURNAME) <u>Maiden Name</u>

17. Birth Mother's Social Security Number	Federal Law, 42 USC 405(c), section 205(c) of the Social Security Act requires that parents provide information about their Social Security Numbers. The numbers are made available to the Internal Revenue Service to determine Earned Income Tax Credit compliance under this law, as well as to the Iowa Department of Health and Human Services for child support recovery under chapter 144.13(4b) of Iowa law.
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The following questions apply **only** to the Birth Mother's legal Spouse.
If the mother is NOT legally married go directly to #26 on the next page.

SPOUSE

Enter Spouse's information; answer **only** if the Birth Mother is legally married to this Spouse

PREFERRED PARENTAGE TITLE (Check one)

☐ Father ☐ Mother ☐ Parent

18a. Spouse's current legal name

FIRST

MIDDLE

if any

LAST (SURNAME)

GENERATIONAL SUFFIX (Jr., II, III, IV, etc.)

if any

18b. Spouse's name on legal birth certificate or used before any marriage (MAIDEN NAME)

FIRST

MIDDLE

if any

LAST (SURNAME)

GENERATIONAL SUFFIX (Jr., II, III, IV, etc.)

if any

19. Spouse's place of birth

Country

State, US Territory, or Canadian Province

20. Spouse's date of birth

Month

Day

Year

21. Spouse's Social Security Number

22. Level of schooling that best describes the Spouse's education at this time (Check one)

- | | |
|--|---|
| <input type="checkbox"/> 8th Grade or Less | <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) |
| <input type="checkbox"/> 9th – 12th Grade; No Diploma | <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) or Professional Degree (e.g., MD, DO, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> High School Graduate or GED Completed | <input type="checkbox"/> Technical / Instructional School |
| <input type="checkbox"/> College Credit, but no Degree | |
| <input type="checkbox"/> Associate Degree (e.g., AA, AS) | |
| <input type="checkbox"/> Bachelor's Degree (e.g., BA, AB, BS) | |

23. Is the Spouse of Spanish / Hispanic / Latino(a) origin? (Check Yes or No. If Yes, specify)

- | | | |
|---|--|--|
| <input type="checkbox"/> No, not Spanish / Hispanic / Latino(a) | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Mexican, Mexican American, Chicano(a) | <input type="checkbox"/> Puerto Rican |
| | <input type="checkbox"/> Cuban | <input type="checkbox"/> Other (Specify) _____ |

10. Race that Spouse considers himself or herself to be

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or Alaska Native
Specify Tribe _____ | <input type="checkbox"/> Other Asian (Specify) _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Pacific Islander (Specify) _____ |
| | <input type="checkbox"/> Other (Specify) _____ |

25. Spouse's primary or preferred language

- | |
|--|
| <input type="checkbox"/> English |
| <input type="checkbox"/> Other (Specify) _____ |

26. Baby is being given up for adoption

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

WARNING: Check 'Yes' ONLY if the Birth Mother intends to put this baby up for adoption.

27. Does the Birth Mother want a Social Security Number issued for this baby?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

By requesting that the Social Security Administration (SSA) issue a Social Security number to the baby named on this form, you are authorizing the State of Iowa to provide the SSA with the information from this form that is needed to assign the number. The baby's social security card will be sent directly to the Birth Mother from the SSA to the mailing address provided on page one of this birth worksheet.

INFORMANT*The Birth Mother or legal Spouse who provided the information for this worksheet***28. Informant's relationship to the baby's Birth Mother (Check one)**
☐ Self (mother of this baby)
 ☐ Legal Spouse
29. Informant's current legal name
☐ Same as Birth Mother's (Check if mother of this baby, then go to #30)

FIRST

MIDDLE

if any

LAST (SURNAME)

GENERATIONAL SUFFIX (Jr., II, III, IV, etc.)

*if any***30. Informant's address**
☐ Same as Birth Mother's (Check if address is the same as the mother's mailing address, then go to #31)

Complete number and street, or P.O. Box

Apt., Ste., Unit, or Lot No.

Country (United States or name of Foreign Country)

State, US Territory, or Canadian Province

City

Zip Code

31. I affirm that the personal information on this worksheet is correct to the best of my knowledge and belief.

 Signature of the Birth Mother
 or her Legal Spouse

 Print Birth Mother's or
 Legal Spouse's Name Legibly

 Date Signed

Attention Hospital Staff: Ensure that the worksheet is completed in its entirety. The following must be documented in the Iowa Vital Event System when the birth record is registered and as applicable:

- Parent(s) received assistance from hospital staff to complete the worksheet;
- Parent(s) refused to complete the worksheet in its entirety;
- Parent(s) left the hospital without properly completing the worksheet.

TO BE COMPLETED BY HOSPITAL STAFF***I verify that the person who provided the information on this birth worksheet signed as the informant.***

 Signature of Hospital Staff

 Hospital Department

 Date Signed