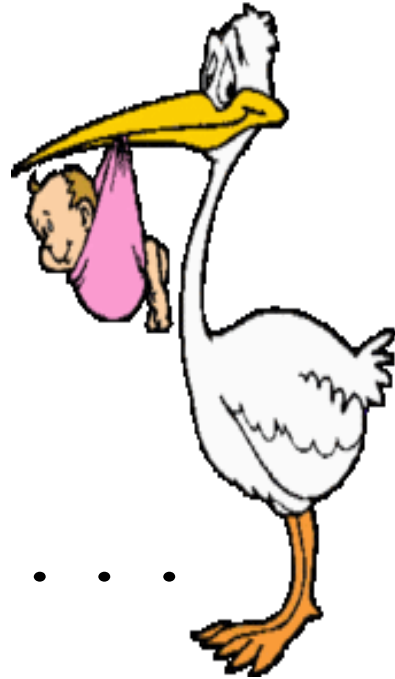


So you're going  
to have  
a  
**baby . . .**



It's time to get ready to establish a  
**Certificate of Live Birth**  
for your newborn

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After you deliver your baby, you will be given a worksheet to fill out in order to establish your baby's birth certificate. Your child's birth certificate will be a permanent legal record. It is a statement of the facts of the birth and helps establish your child's identity, parentage, age, and citizenship. Birth certificates may be needed for a number of purposes throughout a person's life, depending on laws where they reside: tax filing, insurance, Head Start programs, day care, pre-school, school registration, sports, driver's license, voter registration, marriage license, passport and other travel, veteran's benefits, public assistance, social security benefits, employment, and much more.

Annual statistics based on birth records are also compiled that are essential in planning and evaluating public health programs, educational systems, population composition and growth, and other important areas. For example, medical and health information is often used to study conditions concerning infant deaths and services to address the problem.

Personal information that you provide on your newborn's birth record, however, is kept strictly confidential. All data used for statistical and health research purposes do not include identifying information.

# It's time to get ready . . .

After you complete the worksheet for your baby's birth certificate, hospital personnel will enter the information into the electronic birth registration program in order to file it with the state vital records registrar. The original record is maintained at the Office of Vital Records, Iowa Department of Public Health, in Des Moines.

It is very important that you provide accurate and complete information on the worksheet. Hospital personnel will complete the medical portion of the birth worksheet based on your prenatal care and delivery medical records. However, you will be expected to provide much of the child and parental personal information.

This guide is designed to help you complete your portion of the birth worksheet at a time when you may be feeling tired and overwhelmed. Just fill in this booklet now, take it with you to the hospital when you deliver your baby, and copy the information onto the official worksheet. Do not make any cross-offs on the birth worksheet – if you do, ask for another blank worksheet and start over.

Keep this brochure so that you will remember what you put on the worksheet. Several weeks after you deliver you will receive a certified copy of your newborn's birth certificate. If you need additional certified copies, you may purchase them from either the state vital records office or your local County Recorder's office.

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## Baby's Information

Remember, this is a legal document. You can name your baby whatever you want, so list all names exactly as you want them to appear on the birth certificate. Whatever you write on the official birth worksheet will be how your child's name will be spelled.

### It's a BOY!

First	Middle, if any	Last ( <i>Surname</i> )	Generational Suffix, if any
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### It's a GIRL!

First	Middle, if any	Last ( <i>Surname</i> )	Generational Suffix, if any
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**Last name.** Legally, your last name is called your "surname." Although you may give your baby any last name you choose, it will require a legal action if you decide to change it. Legal actions include a paternity affidavit, court determination of paternity, or legal change of name through the court system. There is no charge to process a paternity affidavit, but legal costs may be incurred for other court actions.

**Suffix.** A "suffix" is a standard generational title that traditionally appears after the surname and distinguishes a child from his or her parent of the same name and vice versa. Generational titles may change through the generations as the person named on the birth certificate ages. Traditional suffixes include: Jr., Sr., I, II, III, etc.

# Birth Mother's Information

**Parentage title:** (Select One – this will print on your baby's birth certificate)      Mother      Parent

**Current Legal Name:** Your legal name as it will be at the time of the baby's birth.

First	Middle, if any	Last (Surname)
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**Current residence:** The actual physical location of the household where you will be living at the time of the baby's birth.

Physical Address – Complete number and street		Apt., Ste., Unit, or Lot No.	
Country: (United States or name of Foreign Country. If Canada, include name of Province.)		State, U.S. Territory, or Canadian Province	
City	County	Zip Code	
Located inside limits of incorporated city or town? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			Phone No. (include area code)

**Mailing Address:** The address where you will be getting your mail within 4-10 weeks after the birth. This is where the baby's certified birth certificate and Social Security card (if you select Yes for that item) will be mailed.

Check this box if your mailing address will be the same as residence address above. You will not have to complete the items below if your mailing address will be the same as your residence address.

Complete number and street, or P.O. Box		Apt., Ste., Unit, or Lot No.	
Country: (United States or name of Foreign Country. If Canada, include name of Province.)		State, U.S. Territory, or Canadian Province	
City	Zip Code		

**Your Birthplace:** Write the name of the U.S. state, U.S. territory, Canadian Province, or foreign country where you were born. Helps prove maternal parentage and helps families trace their history. De-identified for statistical and health research purposes. Used in conjunction with U.S. Census population data to compare childbearing patterns.

<input type="checkbox"/> U.S. State or Territory _____	<input type="checkbox"/> Canada/Province _____	<input type="checkbox"/> Other foreign country _____
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**Your Date of Birth (Month, Day, Year):** \_\_\_\_\_

Helps ensure integrity of the birth certificate by identifying and documenting legal evidence of parentage, and helps families trace their history. De-identified for statistical and health research purposes. Used to calculate the age of the mother, which is a major factor in the study of childbearing patterns and population change.

**Your primary or preferred language:** \_\_\_\_\_

Helps determine health service needs for English and non-English speaking groups.

**Highest level of schooling you've completed:** Report only full years completed. De-identified for statistical and health research purposes. Education is highly related to fertility, health practices and birth outcome.

<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
<input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma	<input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Doctorate degree (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)
<input type="checkbox"/> College credit, but no degree	<input type="checkbox"/> Technical/Instructional School
<input type="checkbox"/> Associate degree (e.g., AA, AS)	

# Birth Mother's Information

**Your Hispanic Origin:** De-identified for statistical and health research purposes. A person of Hispanic origin may be of any race, but generally refers to those people whose ancestral origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Helps measure differences in fertility and pregnancy outcome, as well as variations in health care.

<input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes <i>[Check one]</i> <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <i>(Specify)</i> _____
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**Your Race:** Self-identified. De-identified for statistical and health research purposes. Essential in producing data for minority groups. Used to study racial variations in childbearing, access to health care, and pregnancy outcomes. Used to plan for and evaluate the effectiveness of health programs and to prepare population estimates.

<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <i>(Specify)</i> _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <i>(Specify)</i> _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____
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**Did you receive WIC food for yourself during this pregnancy?**    Yes    No

De-identified for statistical and health research purposes. Helps determine how many mothers participated in the WIC program.

**If you smoked before and/or during this pregnancy, how many cigarettes did you smoke on an average day during these time periods?** *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 \_\_\_\_\_

De-identified for statistical and health research purposes. Helps evaluate smoking cessation programs and the health impact of changes in smoking status at different points in the pregnancy.

<b>Your height</b>	<b>Your weight right before she became pregnant with this child</b>
Feet                      Inches	<i>Approximate pounds or weight from prenatal visit during first trimester</i>

De-identified for statistical and health research purposes. Used to calculate maternal body mass index, which is associated with pregnancy outcome. Weight at first prenatal care visit, if during the first trimester, may be used.

**Your Marital Status – Required to Register Birth Record and to Establish Parentage**

<p><b>Have you ever been married?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No <i>(If the answer is No, also answer the Paternity Affidavit question)</i></p> <p><b>If 'Yes':</b>   <b>Were you legally married when you conceived this baby, when this baby was born, or any time between conception and giving birth?</b></p> <p><input type="checkbox"/> Yes <i>(Go to spouse information)</i>      <input type="checkbox"/> No <i>(If the answer is No, also answer next question)</i></p> <p><b>If No, will you be completing a Voluntary Paternity Affidavit form with the biological father at the hospital?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No <i>(If yes, each of you need to bring your photo IDs – such as driver's licenses)</i></p>
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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 affidavit, 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 Dept. of Public Health. 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. Be sure to bring your driver's license along with you to the hospital if you intend to complete a Paternity Affidavit.

# Birth Mother's Information

**Birth Mother's Maiden Name:** Your full name as it appears on your own legal birth certificate. This is also known as your "maiden" name – in other words, your legal name before any marriage. If you are married or have been married in the past, do NOT enter a name acquired by marriage. Your maiden name helps document evidence of parentage.

First	Middle, if any	Last ( <i>Surname</i> ) – <u>Maiden Name</u>
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**Birth Mother's Social Security Number:** \_\_\_\_\_

Social security numbers are confidential and are neither printed on the child's birth certificate or open for public inspection. 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 Human Services for child support recovery under chapter 144.13(4b) of Iowa law.

# Spouse's Information

**IMPORTANT NOTE:** Please read the marital status information before filling out the spouse information. If you are not legally married, the second parent's information cannot be listed on the record at the time of registration. A paternity action is needed to re-establish the birth record with the biological father's information. If you are legally married, your spouse's information can be entered as the second parent and is used for identification and as documentary evidence of parentage the same as your information.

**Parentage title:** (Select One – this will print on the baby's birth certificate)      Father      Mother      Parent

**Spouse's Current Legal Name:** Your spouse's legal name as it will be at the time of the baby's birth.

First	Middle, if any	Last ( <i>Surname</i> )	Generational Suffix, if any
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**Spouse's Name Before any Marriage:** The full name as it appears on your spouse's own legal birth certificate. This is also known as a "maiden" name – in other words, the legal name before any marriage. Do NOT enter a name acquired by marriage.

First	Middle, if any	Last ( <i>Surname</i> )	Generational Suffix, if any
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**Spouse's Birthplace:** Write the name of the U.S. state, U.S. territory, Canadian Province, or foreign country where you were born. Helps prove maternal parentage and helps families trace their history. De-identified for statistical and health research purposes. Used in conjunction with U.S. Census population data to compare childbearing patterns.

<input type="checkbox"/> U.S. State or Territory _____	<input type="checkbox"/> Canada/Province _____	<input type="checkbox"/> Other foreign country _____
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**Spouse's Date of Birth** (*Month, Day, Year*): \_\_\_\_\_

Helps ensure integrity of the birth certificate by identifying and documenting legal evidence of parentage, and helps families trace their history. De-identified for statistical and health research purposes. Used to calculate the age of the mother, which is a major factor in the study of childbearing patterns and population change.

**Spouse's Social Security Number:** \_\_\_\_\_

Social security numbers are confidential and are neither printed on the child's birth certificate or open for public inspection. 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 Human Services for child support recovery under chapter 144.13(4b) of Iowa law.

# Spouse's Information

**Highest level of schooling your spouse has completed:** Report only full years completed. De-identified for statistical and health research purposes. Education is highly related to fertility, health practices and birth outcome.

<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)
<input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma	<input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Doctorate degree (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD)
<input type="checkbox"/> College credit, but no degree	<input type="checkbox"/> Technical/Instructional School
<input type="checkbox"/> Associate degree (e.g., AA, AS)	

**Spouse's Hispanic Origin:** De-identified for statistical and health research purposes. A person of Hispanic origin may be of any race, but generally refers to those people whose ancestral origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Helps measure differences in fertility and pregnancy outcome, as well as variations in health care.

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

**Spouse's Race:** Self-identified. De-identified for statistical and health research purposes. Essential in producing data for minority groups. Used to study racial variations in childbearing, access to health care, and pregnancy outcomes. Used to plan for and evaluate the effectiveness of health programs and to prepare population estimates.

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

**Spouse's primary or preferred language:** \_\_\_\_\_

Helps determine health service needs for English and non-English speaking groups.

**Do you want a Social Security Number issued for this baby?**  Yes  No

By requesting that the U.S. 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 mother from the SSA to the mailing address provided on page one of this birth worksheet. There is no cost to acquire a social security number.

Don't forget to take this with you to the hospital when you deliver so you are prepared to complete the official birth worksheet to establish your baby's Certificate of Live Birth. Hospital staff will also provide you information about any fee for registering the birth and acquiring a certified copy of the Certificate of Live Birth.

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Bureau of Health Statistics/Birth Registration Program  
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January 2016