BIRTH PARENT'S MEDICAL RECORD #

BIRTH PARENT'S NAME:

REV 01/2022

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH



BIRTH PARENT'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship, and parentage. This document will be used by your child throughout life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of Birth Parents and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

FOR HOSPITAL BIRTHS: DO NOT TAKE THIS FORM HOME. SUBMIT COMPLETED FORM TO THE HOSPITAL BIRTH REGISTRAR PRIOR TO DISCHARGE

FOR HOME BIRTHS: SUBMIT COMPLETED FORM TO REGISTRAR OF VITAL RECORDS IN THE TOWN OF BIRTH

		CHILD'S INFORMATION	
1a. Child's Legal Name : I in the future will require	•	ame EXACTLY as you want it to appear on t gal name change.	he birth certificate. To change it
 First	Middle	Last	Generational ID
Child's name not yet c	hosen		
Date of birth of this child / / / / Month Day Year	Include all when dete Sin Tv Tr Qu	of this birth infants delivered (alive or dead) in this pregnancy ermining plurality and birth order. ngleton vins iplets uadruplets ther	Birth Order of this child If a multiple birth, circle the birth order of the child named above. 1st born 2nd born 3rd born 4th born Other
	IN	FORMATION ON BIRTH PARENT	
2a. Birth Parent's curren	it legal name		
First	Middle	Last	Generational ID
2b. Birth Parent's name		age (Maiden name; Last name given at birth or on	Birth Certificate)
First	Middle	Last	Generational ID

2c. Birth Parent's date of 2d. Birth Parent's Place of Birth					
birth	U.S. State				
/ / Month Day Year	U.S. territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas)				
	Foreign country				
If CANADA, provide province					
	does not print on your child's birth o to provide accurate marital status in				
Were you married at the tin and giving birth?	ne you conceived this child, at the t	ime of birth, or at an	y time between conception		
🔲 No If no, has an Ac	knowledgement of Parentage been of e of Connecticut <u>Acknowledgment of</u>				
_	nsibility for the child?)	<u>-rarentage</u> jonnin n			
Yes , an Ac	knowledgement of Parentage has be	•			
-	knowledgement of Parentage has no	• •	-		
	nt <u>cannot</u> be included on the birth ce				
-	e Non-Birth Parent's information to t From the State Vital Records Office.)	ne Birth Certificate aj	iter it has been filea can be		
2f. Birth Parent's Residence:					
	tion and the official name of the tow	vn/city where your pe	ermanent residence is		
	ation for paying taxes, voting, etc., b				
House Number	Street (Do not enter PO Boxes or Rural Rou	ute numbers)	Apt / Unit		
City/Town		State	ZIP code		
	If not United States, country _				
Is the residence inside city limit	s ? (Non-CT residents only)	🗅 No 🕒 Don't kno	OW		
How long has the Birth Parent I	ived at the current residence report	ed above? Ye	ears Months		
2g. Address where mail is recei	ved: Same as residence add	Iress above			
House Number	Street, Rural Route, P.O. Box		Apt / Unit		
House Number	Street, Rural Route, P.O. Box		Apt / Unit		
City/Town		State	ZIP code		
County:	If not United States, country				
3a. Birth Parent's Spoken Language (check all that apply):					
American sign language (ASL)	🗖 Gujarathi	[🗖 Russian		
Armenian	Khmer	Serbo-Croatian			
Chinese, Cantonese	□ Korean □ Spanish				
Chinese, Mandarin	Laotian				
			Other Language – specify:		
Image State Image State Image State Image State Image State Image State Image State Image State Image State Image State					
□ French Creole (for example, Haitian) □ Portuguese					

Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

Please complete both items.

 Definition of Hispanic, Latino/a, or Spanish Origin: Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race. "Hispanic, Latino/a, or Spanish origin" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin 	 3b. Is the Birth Parent Spanish/Hispanic/Latina? No, not Spanish/Hispanic/Latina Yes, Mexican, Mexican American, Chicana Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latina: (e.g., Spaniard, Salvadoran, Dominican, Columbian)
– regardless of race.	
 Definition of Race Categories: A person may indicate self-identification with two or more races by selecting multiple race categories. "White" refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian. "Black or African American" refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian. "American Indian and Alaska Native" refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. "Asian" refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. "Native Hawaiian and Other Pacific Islander" refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. 	Sc. Birth Parent's Race: Please check one or more races to indicate what they consider themself to be. White Black or African American American Indian or Alaska Native: (Name of enrolled or principal tribe) Asian Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian: (e.g., Thai, Cambodian, Malaysian)

4a. Birth Parent's Social Security N Furnishing parent Social Security N Security Act). The numbers will be support enforcement activities and Credit compliance.	umbers (SSNs) is require made available to the Co	onnecticut Departm	nent of Social Se	rvices to assist with child
	- - - DO NOT HAVE A S	OCIAL SECURITY	NUMBER	
4b. Birth Parent's occupation: (Ex. Nurse's aide, machine operator, car salesma	n, student, homemaker)		••	siness/industry: to dealership, high school, own home)
 4d. Highest level of schooling the Birth Parent has completed at time of delivery: Check the box that best describes their education. If currently enrolled, check the box that indicates the previous grade or highest degree received. a 8th grade or less 9th-12th grade, no diploma 			4e. Did the Birth Parent receive WIC (Women's, Infant & Children) food because of this pregnancy?	
 High school graduate or GED completed Some college credit, but no degree Associate degree (e.g., AA, AS, Technical school) Bachelor's degree (e.g., BA, AB, BS) 			□ Yes □ No	
 Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) Doctorate or Professional degree (e.g., PhD, EdD, MD, LLB) 4f. Did the Birth Parent smoke just before or during this pregnancy? (Do not include e-cigarettes or vaping 				
cigarettes) Yes, I smoked during the th	ree months before I b	ecame pregnant a	and/or while I	was pregnant.
For the three months <u>before</u> During the first 3 months of p During the second 3 months of During the last 3 months of p	pregnancy, on an aver pregnancy, on an avera of pregnancy, on an av regnancy, on an avera	rage day I smoked age day I smoked verage day I smok ge day I smoked:	l:0 ed:0	cigs or packs. cigs or packs. cigs or packs. cigs or packs.
 No, I did not smoke during the three months before I became pregnant or while I was pregnant. 4g. Did the Birth Parent use alcohol regularly during this pregnancy? If so, how many drinks did they consume in <i>an</i> 				
average week?				
 No, I did not drink regularly during this pregnancy. Noe I dready and the second second				
Yes, I drank drinks in <i>an average week</i> during this pregnancy.				
<pre>4h. Birth Parent's height: feet inches</pre>	child:	e ight immediatel cy weight was		became pregnant with this

INFORMATION ON NON-BIRTH PARENT Fill in the Non-Birth Parent's information ONLY if the parents are legally married to each other or if both parents have signed the VS-56 "ACKNOWLEDGEMENT OF PARENTAGE" form.				
5a. Non-Birth Parent's current	legal name:			
First Middle	2	Last	Generational ID	
5b. Non-Birth Parent's name p	tior to first marriage (Last n	ame given at birth or on Birt	h Certificate)	
SAME AS CURRENT LEGAL	NAME			
First Middle		Last	Generational ID	
Sc. Non-Birth Parent's date of birth: / / / Month Day Year	5d. Non-Birth Parent's Pla U.S. State U.S. territory (i.e., Puerto I Foreign country If CANADA, provide provin	Rico, U.S. Virgin Islands, Gua	m, American Samoa, or Northern Marianas) 	
6a. Non-Birth Parent's spoken language:				
 Armenian Kh Chinese, Cantonese Chinese, Mandarin La English Prench (including Cajun, Patois) 		orean otian ersian	 Russian Serbo-Croatian Spanish Vietnamese Other Language –specify: 	
Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of Hispanic, Latino/a, or Spanish origin. Race and ethnicity are considered separate and distinct identities. Please complete both items.				
 Definition of Hispanic, Latino/a, or Spanish Origin: Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race. "Hispanic, Latino/a, or Spanish origin" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – <i>regardless of race</i>. 		 6b. Is the Non-Birth Parent Spanish/Hispanic/Latino? No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latina: (e.g., Spaniard, Salvadoran, Dominican, Columbian) 		

 Definition of Race Categories: "White" refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian. "Black or African American" refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, or Negro"; or report entries such as African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian. "American Indian and Alaska Native" refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or 				
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the original peoples of the Far East, Southeast Asia, Pacific Islander				
or the Indian subcontinent including, for example, Combodies Chine Indian Makeria Makeria Chine Chin				
Cambodia, China, India, Japan, Korea, Malaysia, Guamanian or Chamorro				
Pakistan, the Philippine Islands, Thailand, and Vietnam. Uietnam.				
"Native Hawaiian and Other Pacific Islander"				
refers to a person having origins in any of the				
original peoples of Hawaii, Guam, Samoa, or other				
Pacific Islands.				
7a. Non-Birth Parent's Social Security Number:				
Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security				
Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement				
activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.				
7b. Non-Birth Parent's occupation: 7c. Non-Birth Parent's type of business/industry:				
(Ex. Nurse's aide, machine operator, car salesman, student, homemaker) (Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)				
7d. Highest level of schooling the Non-Birth Parent has completed at time of delivery: Check the box that best				
describes their education. If currently enrolled, check the box that indicates the previous grade or highest degree received.				
□ 8 th grade or less				
9 th -12 th grade, no diploma				
High school graduate or GED completed				
Some college credit, but no degree				
Associate degree (e.g., AA, AS, Technical school)				
Bachelor's degree (e.g., BA, AB, BS)				
Master's degree (e.g., MA, MS, Meng, Med, MSW, MBA)				
Doctorate or Professional degree (e.g., PhD, EdD, MD, LLB)				

IMMUNIZATION INFORMATION

All children born in CT are enrolled in the co (formerly CIRTS) which maintains your child's v a signed written request to opt out of CT W Department of Public Health, 410 Capitol Aven out, your child's vaccination record will no long	accination record iZ. Include your ue MS 11MUN, H	. If you do not want yo child's full name and artford, CT 06134, or	bur child enrolled, you must send date of birth and mail it to CT fax it to 860-707-1925. By opting		
Please complete the information below.					
8a. Pediatrician Information:					
Name of baby's doctor:					
First	Middle	Last	Generational ID		
Name of doctor's practice:					
Town of doctor/clinic:					
	EMERGENCY CO	NTACT			
8b. Emergency Contact Name: First	Last				
Contact's Telephone #:					
8c. Birth Parent's Telephone #:					
Birth Parents Alternate Telephone #:Birth Parents Alternate Telephone #:					
INFORMANT INFORMATION					
8d. Informant's Information:					
Relationship to this child: Birth Parent	Non-Birth Parent	: 🛛 Other Relative			
🖵 Hospital Employe	e 🛛 Othe	r – specify			
Full name of person providing information in this form:					
First Middle	Last		Generational ID		
Signature of Informant:			Date:		

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