

Mother's Worksheet for Child's Birth

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 by your child throughout his/her life for legal purposes to prove age and citizenship. State law provides protection against unauthorized release of identifying information from the birth certificates to ensure confidentiality of the parents and their child.

Please complete and provide accurate information to all questions. Information on the birth certificate is used by health and medical researchers to study and improve the health of new mothers and newborn infants. Items such as the parent's race, education and smoking will not appear on copies of the birth certificate issued to you or your child.

Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC405(c) (section 205(c) of the Social Security Act). The number(s) will be made available to the Nebraska Department of Health and Human Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance, if necessary.

Mother's Current Legal Name?

Social Security Number: _ _ _ - _ _ - _ _ _

First: _____

Middle: _____

Last: _____ Suffix: _____

Mother's Name at Birth?

First: _____

Middle: _____

Last: _____ Suffix: _____

What will be the Child's Name?

First: _____

Middle: _____

Last: _____ Suffix: _____

Mother's Residence (Where do you usually live -- that is -- where is your household/residence located)?

State, U.S Territory or Canadian Province: _____

County: _____ City, Town or Location: _____

Street and Number (No rural route or PO Box): _____

Apt. Number: _____ Zip Code: _____ Inside City Limits? Yes or No (Circle one)

If not in the United States, enter country: _____

Mother's Medical Record Number (hospital use only): _____

Mother's Mailing Address (Complete only if different than residence)

State, U.S Territory or Canadian Province: _____

County: _____ City, Town or Location: _____

Street and Number: _____

Apt. Number: _____ Zip Code: _____

If not in the United States, enter country: _____

Mother's Telephone Number: (_____) _____ - _____

Mother's Date of Birth: (Example 3-4-1989) Month _____ Day _____ Year _____ (Write in unknown if the mother's birth information is not known).

Mother's Birth Place: (In what City and State, U.S. territory, or foreign country were you born)? Specify one of the following:

City: _____ and State: _____ or

U.S. territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas):

_____ or Foreign Country: _____

Mother's Education: What is the highest level of schooling that you will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

- | | |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) |
| <input type="checkbox"/> 9th - 12th 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 (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, J) |
| <input type="checkbox"/> Some college credit, but no degree | |
| <input type="checkbox"/> Associate degree (e.g. AA, AS) | |

Mother of Hispanic Origin? Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- 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, Colombian) (specify) _____

Mother's Race(s): What is your race? (Please check one or more races to indicate what you consider yourself to be).

- | | |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal 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) _____ |

Mother's Medical Record Number (hospital use only): _____

Father/Parent Birth Place: (In what City and State, U.S. territory, or foreign country was the father born)?
Specify one of the following:

City: _____ and State: _____ or

U.S. territory (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas):

_____ or Foreign Country: _____

Father/Parent Education: What is the highest level of schooling that the father/parent will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).

- | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) |
| <input type="checkbox"/> 9-12th 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 (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> Some college credit, but no degree | |
| <input type="checkbox"/> Associate degree (e.g. AA, AS) | |

Father/Parent of Hispanic Origin? Is the Father/Parent Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Colombian)
(specify) _____

Father/Parent Race(s): What is the Father/Parent race? (Please check one or more races to indicate what you consider yourself to be).

- | | |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal 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) _____ |

Is permission given to provide the Social Security Administration (SSA) information from this form to assign a Social Security Number to the child and issue a SSA card? (Circle one) Yes No

I, the undersigned, hereby certify that the information I have supplied is a true and correct representation of the facts to the best of my knowledge as in accordance with Nebraska Revised State Statute 71-649.

Informant Name: _____ **Relation to Child:** _____

Informant Signature: _____ **Date Signed:** _____