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# Parent's Worksheet for Child's Birth Certificate

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Now that you have welcomed your baby to the world there is one more thing you must do. It is time for you to provide information, so that your child's birth certificate can be created. Please read and complete the attached "[Worksheet for Child's Birth Certificate](#)" to ensure a birth certificate is created for your child.

## Parent's Worksheet for Child's Birth Certificate

Please complete the information below and verify that all fields are completed correctly as this information will be used to create the birth certificate for your child. **Remember**, the birth certificate will be used by your child throughout their life for legal purposes to prove their age, citizenship, and parentage. Therefore, it is very important that the information provided is correct.

**Please review the information to avoid any errors on the birth certificate.**

Case ID Number (For Office Use Only)

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Child's Tab			
First Name:			
Middle Name:			
Last Name:			
Suffix (Jr., III, etc.):			
Date of Birth:	Time of Birth <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <input type="checkbox"/> Unknown	Sex/Gender	Request Social Security Number for Child: <input type="checkbox"/> Yes, parent wants a card issued <input type="checkbox"/> No, parent does not want a card issued
Mother's Tab			
<b>Mother/Parent Current Name</b>			
First Name:			
Middle Name:			
Last Name:			
<b>Mother/Parent Name Before First Marriage</b>			
First Name:			
Middle Name:			
Last Name:			
<b>Mother/Parent Birthplace</b>			
Date of Birth:	Social Security Number:	Birthplace State:	
Birthplace Country:		Mother's Telephone Number: _____ - _____ - _____	
Mother/Parent Address			
<b>Residence Address</b>			
Street Number and Name:			Apartment No.:
Zip Code:	City or Town:	County:	
State:	Inside of City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>Mailing Address</b>			
Is the mailing address the same as residence address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, complete the mailing address below</i>			
Street Number and Name:			Apartment No.:
Zip Code:	City or Town:	State:	
County:			

**Mother/Parent Attributes**

<b>Education</b>		<b>Which one or more of the following is your race? (Select all that apply)</b>	
<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some 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) <input type="checkbox"/> Master's degree (e.g. MA, MS, etc.) <input type="checkbox"/> Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.) <input type="checkbox"/> Unknown	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (specify) <input type="checkbox"/> American Indian-Eastern Band of Cherokee Indian <input type="checkbox"/> Eastern Band of Cherokee <input type="checkbox"/> Coharie <input type="checkbox"/> Lumbee <input type="checkbox"/> Haiwa-Saponi <input type="checkbox"/> Sappony <input type="checkbox"/> Meherrin <input type="checkbox"/> Occaneechi Band of Saponi Nation Waccamaw-Siouan <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> White <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown
<b>Hispanic Origin (Select all that apply)</b>			
<input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Spanish/Hispanic/Latino (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese		

**Mother/Parent Health Tab**

<b>Did Mother get WIC food for herself during this pregnancy?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>Height (feet/inches)</b>	<b>Mother Pre-pregnancy Weight (pounds)</b>	<b>Mother Weight at Delivery (pounds)</b>	
<input type="text" value="Feet"/> <input type="text" value="Inches"/>	<input type="text" value="Pounds"/>	<input type="text" value="Pounds"/>	
<b>Cigarette smoking per day before and/or during pregnancy</b>			
Tobacco use during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Three months before pregnancy	<input type="text" value="Number"/>	Packs	Cigarettes
First three months of pregnancy	<input type="text" value="Number"/>	Packs	Cigarettes
Second three months of pregnancy	<input type="text" value="Number"/>	Packs	Cigarettes
Last trimester of pregnancy	<input type="text" value="Number"/>	Packs	Cigarettes

**Marital Status Tab**

<b>Marital Information</b>	
<b>Mother ever married?</b>	<b>Was mother married at conception, birth or anytime between conception and birth?</b>
<input type="checkbox"/> Never married <input type="checkbox"/> Divorced: ___/___/___ <input type="checkbox"/> Preemptive Court Order <input type="checkbox"/> Separated ___/___/___	<input type="checkbox"/> Currently Married <input type="checkbox"/> Married but refusing husbands information <input type="checkbox"/> Widowed - Date ___/___/___ <input type="checkbox"/> Yes, spouse is legal parent <input type="checkbox"/> No <input type="checkbox"/> Yes, but spouse is not legal parent <input type="checkbox"/> Unknown <input type="checkbox"/> Mother refusing father information

**Affidavit of Parentage (AOP):** If the parents are not married, do you and the baby's father intend to complete an AOP in which he acknowledges that he is the natural father and accepts legal responsibility for the child? Both parents must be in agreement and present to complete the AOP form. If you are not married, and an affidavit of parentage is not completed, information about the father cannot be included on the birth certificate (**the father will not be listed on the child's birth certificate**).

- Yes, I would like to complete an Affidavit of Parentage (AOP) form.  
 No, I do not choose to complete an Affidavit of Parentage form and understand the father will not appear on the birth certificate.

**Father/Parent Tab**

**Father/Parent Name**

First

Middle

Last

Suffix (Jr., III, etc.):

Date of Birth:

Social Security Number:

Birthplace State

Birthplace Country:

**Residence Address**

Same as mother's residence address?  Yes  No

Street Number and Name:

Apartment No.:

Zip Code:

City or Town:

County:

State:

Inside of City Limits:

- Yes  No  Unknown

**Father/Parent Mailing Address**

Mailing Street Address:

Apartment No.:

Mailing Zip Code:

Mailing City or Town:

Mailing State:

Mailing County:

**Father/Parent Attributes**

**Education**

**Which one or more of the following is your race? (Select all that apply)**

- 8th grade or less
- 9th-12th grade, no diploma
- High School graduate or GED completed
- Some college credit but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, etc.)
- Doctorate or Professional degree (e.g. PhD, EdD, MD, DDS, JD, etc.)
- Unknown

- Black or African American
- American Indian or Alaska Native (specify)
- American Indian-Eastern Band of Cherokee Indian
- Eastern Band of Cherokee
- Coharie
- Lumbee
- Haiwa-Saponi
- Sappony
- Meherrin
- Occaneechi Band of Saponi Nation
- Waccamaw-Siouan
- Other (specify) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Native Hawaiian
- Guamanian or Chamorro
- White
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Samoan
- Other Pacific Islander \_\_\_\_\_
- Other \_\_\_\_\_
- Unknown

**Hispanic Origin (Select all that apply)**

- Not Spanish/Hispanic/Latino
- Mexican, Mexican American, Chicano
- Other Spanish/Hispanic/Latino (specify): \_\_\_\_\_
- Puerto Rican
- Cuban



**Labor Tab**

**Onset of Labor** (Check all that apply)

Premature rupture of the membranes (Prolonged, >= 12 hours)

Precipitous labor (<3 hours)

Prolonged labor (>=20 hours)

None of the above

Unknown

**Characteristics of Labor and Delivery** (Check all that apply)

Induction of labor

Augmentation of labor

Non-vertex presentation

Steroids (glucosteroids) for fetal lung maturation received by the mother prior to delivery

Antibiotics received by the mother during labor

Clinical chorioamnionitis diagnosed during labor or maternal temperature >=38C (100.4F)

Moderate/heavy meconium staining of the amniotic fluid

Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery

Epidural or spinal anesthesia during labor

None of the above

Unknown

**Delivery Tab**

**Method of Delivery**

**Was delivery with forceps attempted but unsuccessfully?**

Yes

No

Unknown

**Was delivery with vacuum extraction attempted but unsuccessful?**

Yes

No

Unknown

**Final route and method of delivery**

Vaginal/Spontaneous

Vaginal/Forceps

Vaginal/Vacuum

Cesarean

**Was delivery with vacuum extraction attempted but unsuccessful?**

Yes

No

Not Applicable

Unknown

**If Cesarean, was a trial of labor attempted?**

Yes

No

Not Applicable

Unknown

**Fetal presentation at birth**

Cephalic

Breech

Other

**Maternal Morbidity** (Check all that apply)

Maternal transfusion

Third or fourth degree perineal laceration

Ruptured uterus

Unplanned hysterectomy

Admission to intensive care unit

Unplanned operating room procedure following delivery

None of the above

Unknown

**Mother transferred for maternal medical or fetal indication prior to delivery**

Yes  No  Unknown

**Transfer Facility**

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**Infant transferred within 24 hours of delivery**  Yes  No

**Transfer Facility**

**Newborn Tab**

Infant birth weight  **Pounds**  **ounces**  **Grams**

APGAR Score 5 mins:  APGAR Score 10 mins:

Obstetric estimate of gestation (completed weeks):

**Birth Order**

First  Sixth

Second  Seventh

Third  Eighth or more

Fourth  Unknown

Fifth  Not Applicable

**Plurality**

Single  Quadruplet  Octuplet

Twins  Quintuplet  Sextuplet

Triplet  Septuplet  Unknown

**If not single birth, number of infants in this delivery born alive:** \_\_\_\_\_

**Is infant living at time of report?**

Yes  No  Infant transferred, status unknown

**Was infant receive Hepatitis B vaccine?**

Yes  No  Unknown  Refused

**Was infant immunized with Nirsevimab (RSV)?**

Yes  No  Unknown  Refused

**Hepatitis B vaccine date administered?**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Nirsevimab (RSV) dosage amount**

50mg  100mg  Unknown  Not Applicable

**Nirsevimab (RSV) date administered**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Is infant being breastfed at discharge?**

Yes  No  Unknown

**Newborn Factors Tab**

**Abnormal conditions of the newborn** (Check all that apply)

- Assisted ventilation required immediately following delivery
- Assisted ventilation required for more than six hours
- NICU Admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- None of the above
- Unknown

**Congenital Anomalies** (Check all that apply)

- Anencephalus
- Meningocele/Spina Bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft lip with or without cleft palate
- Cleft palate alone
- Down Syndrome Karyotype confirmed
- Down Syndrome Karyotype pending
- Suspected other chromosomal disorder Karyotype confirmed
- Suspected other chromosomal disorder Karyotype pending
- Hypospadias
- None of the anomalies listed above
- Unknown

**Attendant/Certifier Tab**

**Attendant at Birth**

First Name:

Middle Name:

Last Name:

Suffix (Jr., III, etc.):

**Attendant's Title**

- MD  Other Midwife
- DO  Other Specify: \_\_\_\_\_
- Certified Nursing Midwife/  
Certified Midwife

Attendant NPI

**Address**

Street Number and Name:

Zip Code:

City or Town:

County:

**Certifier**

Same as attendant?  Yes  No

First Name:

Middle Name:

Last Name:

Suffix (Jr., III, etc.):

**Certifier's Title**

- Birth Certifier  Other Midwife
- MD  Hospital Administrator
- DO  Other (specify) \_\_\_\_\_
- Certified Nursing Midwife/  
Certified Midwife

NPI

Address Street Number and Name:

Zip Code:

City or Town:

County:

Date Certified : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*I acknowledge that I have reviewed all the information provided on this birth application and attest that the information is correct. I understand that I will be given another opportunity to review this information on the Mother's Worksheet. I understand that it is my responsibility to identify any errors and report them to the birth registrar before the birth is registered. I also understand that if an error is found after the birth certificate has been registered, I will be responsible for completing an amendment with the North Carolina State Vital Records Office and any fees associated with the birth certificate being corrected.*

\_\_\_\_\_  
Mother/Parent Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Parent Signature (if applicable)

\_\_\_\_\_  
Date