

Record Type: Hospital Premises Home Birth Born en Route Safe Haven Clinic/Doctor's Office/Urgent Care

Office Use Only

Child's Medical Record #: _____

Date/Time of Birth: ____/____/____ : ____

Sex: _____ If Plural, # ____ of ____

**State of New Jersey
Birth Certificate Worksheet**

Please print clearly and answer ALL items on this form in blue or black ink. After completing, please return promptly for review.

DEMOGRAPHICS

Child's Information

Child's Name (Legal name to appear on Birth Certificate)

1. First _____ Middle _____ Last _____ Suffix _____

2. Do you want a Social Security Number for this child? Yes No

Mother/Parent A's Information

3. Was this pregnancy a result of artificial reproductive technology (AI, IVF, IUI)? Yes No

4. Is this a surrogacy or gestational carrier? Yes No

Mother/Parent A's Current Legal Name

5. First _____ Middle _____ Last _____ Suffix _____

Mother/Parent A's Full Name given at birth or on birth certificate (Maiden Name)

6. First _____ Middle _____ Last _____ Suffix _____

7. Social Security Number ____-____-____ 8. Place of Birth (State/Country) _____ 9. Date of Birth ____/____/____

10. Sex of Mother / Parent A: Female Male

Mother/Parent A's Address Information

11. Residential Street Address _____ Apt _____ City/Town _____ Zip _____

State/Country _____ Municipality _____ County _____

12. Phone # _____-_____-_____

13. Does Mother/Parent A Reside within city limits? Yes No 15. Is the mailing address same as residence? Yes No

Mailing Street Address _____ Apt _____ City/Town _____ Zip _____

State/Country _____ Municipality _____ County _____

Mother/Parent A's Marriage Information

14. Marital Status (If divorced or widowed *less than 300 days*, select married)

Married (Select an option)

- Record spouse on the Birth Certificate
- Do not record spouse on Birth Certificate
- Spouse not the father. Record biological father on Birth Certificate.

Never Married (Select an option)

- Record father on the Birth Certificate
- Do not record father on the Birth Certificate

Divorced or Widowed (select an option)

- Record father on the Birth Certificate
- Do not record father on Birth Certificate
- Date Divorced/Widowed ____/____/____

Mother/Parent A's Demographics

15. Education- (Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8th grade or less
- 9th-12th grade; no diploma
- High school graduate or GED completed
- Some college credit, but not a degree
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate or Professional degree

16. **Employment**

Business/Industry _____ Occupation _____ 17. Employed during the past year? Yes No

18. **Employer Information:**

Employer Name _____ Street Address _____ City/Town _____
Zip Code _____ State/Country _____ County _____

19. **Hispanic Origin**-Check the box that best describes whether the mother/Parent A is Spanish/Hispanic/Latina.

No, not Spanish/Hispanic/Latina Yes, Mexican, Mexican American, Chicana Yes, Puerto Rican Yes, Cuban Refused/Unknown
 Yes, other Spanish/Hispanic/Latina (Specify): _____

20. **Race**- Check one or more races to indicate what the mother / Parent A considers themselves to be

White Black or African American American Indian or Alaska Native _____ Asian Indian Chinese Filipino
 Japanese Korean Vietnamese Other Asian _____ Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander _____ Other (Mestizo, Morena, etc.,) _____

Father/Parent B's Information

21. **Father/Parent B's Name**

First _____ Middle _____ Last _____ Suffix _____

22. Social Security Number ____ - ____ - ____ 23. Place of Birth (State/Country) _____ 24. Date of Birth ____/____/____

25. Sex of Father / Parent B: Male Female

Father/Parent B's Address Information

26. Is Father/Parent B's residence same as Mother/Parent A's residence? Yes No

Residential Street Address _____ Apt _____ City/Town _____ Zip _____
State/Country _____ Municipality _____ County _____

27. Phone # ____ - ____ - ____

28. Is the mailing address same as residence? Yes No

Mailing Street Address _____ Apt _____ City/Town _____ Zip _____
State/Country _____ Municipality _____ County _____

Father/Parent B's Demographic Information

29. **Education**- (Check the box that best describes the highest degree or level of school completed)

8th grade or less 9th-12th grade; no diploma High school graduate or GED completed Some college credit, but not a degree Associate degree
 Bachelor's degree Master's degree Doctorate or Professional degree

30. **Employment**

Business/Industry _____ Occupation _____ 31. Employed during the past year? Yes No

32. **Employer Information:**

Employer Name _____ Street Address _____ City/Town _____
Zip Code _____ State/Country _____ County _____

33. **Hispanic Origin**-Check the box that best describes whether the father/Parent B is Spanish/Hispanic/Latina.

No, not Spanish/Hispanic/Latina Yes, Mexican, Mexican American, Chicana Yes, Puerto Rican Yes, Cuban Refused/Unknown

Yes, other Spanish/Hispanic/Latina (Specify): _____

34. Race- Check one or more races to indicate what the father / Parent B considers themselves to be

- White Black or African American American Indian or Alaska Native _____ Asian Indian Chinese Filipino
 Japanese Korean Vietnamese Other Asian _____ Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander _____ Other (Mestizo, Morena, etc.,) _____

Insurance Information

35. Principal source of Payment for this Pregnancy

- Private Insurance Medicaid/ NJ Family Care Self-Pay Other (Specify) _____ Charity Care Unknown

36. Insurance Policy Holder Mother Father Both

37. Insurance Details

Mother's Insurance Carrier _____ Mother's Insurance Policy Number _____
Father's Insurance Carrier _____ Father's Insurance Policy Number _____
Surrogate's Insurance Carrier _____ Surrogate's Insurance Policy Number _____

Women Infants & Children (WIC) Information

38. Did Mother Get WIC Food for herself during this pregnancy? Yes No Unknown If Yes, WIC Number _____

General Information

39. Preferred language for information about baby's health care? _____

Prenatal Exposure

Tobacco use before and during pregnancy:

a. For each selected time period enter the average number of cigarettes smoked per day.

- Three Months Before Pregnancy: _____
 First Trimester of Pregnancy: _____
 Second Trimester of Pregnancy: _____
 Third Trimester of Pregnancy: _____

Alcohol & Drugs use during this pregnancy:

a. Did the mother use any of the following during this pregnancy? (Select all that apply and circle the frequency):

<input type="checkbox"/> Alcohol	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> Cocaine	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> Heroin or Other Opioids	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> Hallucinogens	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> Inhalants	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> Marijuana	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> Other Non-Opioid Prescription Drugs	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> None of the above	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day
<input type="checkbox"/> Unknown	<1 Day a Week	1-2 Times a Week	3-5 Times a Week	Every Day

30. Did the mother have any of the following environmental exposures?

- Lead (Home Built Before 1978) Viral (Birds or Cats in Home) Tobacco (2nd or Third Hand Smoke) None of the above Unknown

