

**State of West Virginia  
Mother's Worksheet for Child's Birth Certificate**

*(to be completed by Mother, another informant, or by interview of same by hospital staff)*

**PLEASE PRINT CLEARLY**

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 his/her 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 of 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 mothers 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.

NOTE to hospital staff: White numbers inside of a black box [ **#** ] represent the box numbers on a physical birth certificate. \* indicates that item is not on the physical certificate but is on the electronic record for statistical / administrative use only.

**1. What is your (the mother's) current legal name? **8a.****

\_\_\_\_\_

First	Middle	Last	Suffix (Jr., III, etc.)
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**1a. Is your child being placed for adoption?**     Yes     No     Unknown

**1b. Is this birth a surrogate birth?**     Yes     No     Unknown

**1c. What is your phone number? (optional)** \_\_\_\_\_

**1d. What is your email address? (optional)** \_\_\_\_\_

**! – NOTICE – A phone number or email address will be used solely for the purpose of contacting you if there is a question regarding the filing of your child's birth certificate.**

**2. What will be your child's legal name as it should appear on the birth certificate? **1.****

**! – NOTICE – Once a birth certificate has been filed with the name you choose, it may be difficult for you to change it later without legal action. The surname (last name) of a child being placed for adoption MUST, by law, bear the legal or maiden surname of the birth mother. The name will change at the time of adoption at the direction of the court.**

\_\_\_\_\_

First	Middle	Last	Suffix (Jr., III, etc.)
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Name not yet chosen **! – Warning – until a name is chosen, Social Security Numbers cannot be assigned and certified copies for legal use cannot be provided. You will be contacted at a later date to provide this information.**

**3. Where do you usually live, that is, where is your household/residence located?**

If not United States, *country*: **9a.** \_\_\_\_\_

State: **9a.** \_\_\_\_\_  Unknown  
(or U.S. Territory / Canadian Province) County: **9b.** \_\_\_\_\_

Complete number and street: **9d.** \_\_\_\_\_ Apt. #: **9e.** \_\_\_\_\_

City, Town, or Location: **9c.** \_\_\_\_\_

Zip Code: **9f.** \_\_\_\_\_

**4. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)? **9g.****

- Yes
- No
- Don't know

**5. What is your mailing address? **14.****

- Same as residence [Go to next question]

If not in the United States, *country* \_\_\_\_\_

State: \_\_\_\_\_  Unknown  
(or U.S. Territory, Canadian Province)

Complete number and street: \_\_\_\_\_

City, Town, or Location: \_\_\_\_\_

Apt. #: \_\_\_\_\_ P. O. Box. \_\_\_\_\_ Zip Code: \_\_\_\_\_

**6. What is your date of birth? (Example: 03 - 04 - 1991) **8b.****

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**7. In what State, U.S. territory, or foreign country were you born? **8d.** Please specify one:**

State \_\_\_\_\_

*or*

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

\_\_\_\_\_

*or*

Foreign country \_\_\_\_\_

- Don't know

Mother's medical record # \_\_\_\_\_

Mother's name \_\_\_\_\_

8. 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). **20.**

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> - 12<sup>th</sup> 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, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
- Unknown

9. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the No box. If Spanish/Hispanic/Latina, check the appropriate box. **21.**

- 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) (specify) \_\_\_\_\_
- Unknown

10. What is your race? **22.** (Please check one or more races to indicate what you consider yourself to be).

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- Unknown

11. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child? **34.**

- Yes
- No
- Don't know

12. What is your height? **31.**

\_\_\_\_\_ feet    \_\_\_\_\_ inches

13. What was your prepregnancy weight, that is, your weight immediately before you became pregnant with this child? **32.**

\_\_\_\_\_ lbs

14. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period. **37.**

	# of cigarettes per day		# of packs per day
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Last three months of pregnancy	_____	OR	_____

14a. Did anyone other than you regularly smoke inside your home while you were pregnant? **37b.**

- Yes
- No

**15. Have you ever been married? Part of 15.**

- Yes** [Please go to question 16]
- No** [Please continue]

*If not married, has a Declaration of Paternity Affidavit (paternity acknowledgment) been completed for this child OR will it be by the time you (mom) leave the hospital? If you are not married and a Declaration of Paternity Affidavit has not been completed information about the father CANNOT be included on the birth certificate.*

- Yes**, a Declaration of Paternity Affidavit has been completed OR will be by the time of discharge from the hospital. [Please go to Question 19] **Part of 15.**
- No**, a Declaration of Paternity Affidavit has not been / will not be completed in the hospital. [Please go to Question 25] **Part of 15.**
- Unknown** [Please go to question 17]

**16. What name did you use prior to your first marriage, that is, what is your MAIDEN name? 8c.**

\_\_\_\_\_

First                                      Middle                                      Last                                      Suffix (Jr., III, etc.)

**17. Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth? Part of 15.** *Note: If divorced, time of conception is calculated as 10 months prior to the date of birth. If divorced less than 10 months, this question is to be answered "Yes."*

- Yes** [Please go to question 18]
- No** [Please see below]

*If NO, has a Declaration of Paternity Affidavit been completed? (That is, have you and the father signed a Declaration of Paternity Affidavit form in which the father accepted legal responsibility for the child?) If you were not married, or if a paternity acknowledgment has not been completed, information about the father CANNOT be included on the birth certificate. Information about the procedures for adding the father's information to the Birth Certificate after it has been filed can be obtained from the WV Vital Registration Office or your local Bureau for Child Support Enforcement office.*

- Yes**, a paternity acknowledgment has been completed [Please go to Question 19] **Part of 15.**
- No**, a paternity acknowledgment has not been completed [Please go to Question 25] **Part of 15.**
- Unknown marital status** – *A paternity acknowledgment may be completed. The hospital may submit the birth certificate with the father's information as indicated on the paternity acknowledgment, but the issue regarding marital status MUST be resolved before official filing of the certificate.*
- Yes**, a paternity acknowledgment has been completed [Please go to Question 19] **Part of 15.**
- No**, a paternity acknowledgment has not been completed [Please go to Question 25] **Part of 15.**

**18. Is your husband the father of your baby? \*\***

- Yes** [Please go to question 19]
- No** [Please complete ADDENDUM 1 – Husband NOT the Father of the Newborn]

19. What is the current legal name of your baby's father? **10a.**

\_\_\_\_\_

First Middle Last Suffix (Jr., III, etc.)

20. What is the father's date of birth? (Example: 03 - 04 - 1991) **10b.**

\_\_\_\_\_

Month Day Year

Don't know

21. In what State, U.S. territory, or foreign country was the father born? **10c.**  
Please specify one of the following:

State \_\_\_\_\_

*or*

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

\_\_\_\_\_

*or*

Foreign country \_\_\_\_\_

Don't know

**22. What is the highest level of schooling that the father 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). 23.**

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> - 12<sup>th</sup> 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, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
- Unknown

**23. Is the father Spanish/Hispanic/Latino? 24. 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) \_\_\_\_\_
- Unknown

**24. What is the father's race? Please check one or more races to indicate what he considers himself to be. 25.**

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- Unknown

