



Banner Health

Ogallala Community Hospital

PATIENT LABEL

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, citizenship and parentage. 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 Health and Human Services System to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

Mothers Current Legal Name?

Mothers Social Security Number: _____ - _____ - _____

First: _____

Middle: _____

Last: _____

Suffix: _____

Mother's Maiden Name?

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 (he United States, enter country: _____

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 Medical Record Number (hospital use only): _____

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 |
| <input type="checkbox"/> Some college credit, but no degree | (e.g. MD, DDS, DVM, LLB, JD) |
| <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) _____ |

Did Mother get WIC food for herself during this pregnancy? (Circle one): Yes No Don't know

Mother's Height (In Feet and Inches) _____

Mother's Pre-Pregnancy Weight (Weight before this pregnancy): _____ pounds

Mother's Cigarette Smoking Before and During Pregnancy. How many 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.

Three Months before Pregnancy: _____

First Three Months of Pregnancy: _____

Second Three Months of Pregnancy: _____

Last Three Months of Pregnancy: _____

Was Mother Married at Conception, Birth, or any time in between? (Circle one): Yes No

If Yes, go to the Father's Name on the next page. If No, please continue with the next question.

If not married, has a paternity acknowledgment been completed for this child? That is, have you and the father signed a form in which the father accepted legal responsibility for the child?

If you are not married, and 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 State Vital Statistics Office.

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

Yes, a paternity acknowledgment has been completed

Is consent given to enter the name of the father on the birth certificate? (Circle one): Yes No
If yes. Go to the Father's Name. If no, skip to the Social Security Number Permission statement and complete the rest of the form.

No, a paternity acknowledgment has not been completed (Skip to the Social Security Number Permission statement and complete the rest of the form)

Fathers Name: Fathers Social Security Number: _____ - _____ - _____

First: _____

Middle: _____

Last: _____ Suffix: _____

Fathers date of birth? (Example: 3-4-1976) Month _____ Day _____ Year _____ (Write in unknown if the father's birth information is not known).

Father's 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's Education: 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).

- | | |
|--|---|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) |
| <input type="checkbox"/> 9-12th grade, no diploma | <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> (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) | |
| <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) | |

Father of Hispanic Origin? Is the Father 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's Race(s): What is the Father's 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

Informant Name: _____ Relation to Child: _____

Informant Signature: _____ Date Signed: _____

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