



Parent Worksheet for Certificate of Live Birth – Newborn

The information you provide below will be used to create your child's birth certificate. The birth certificate is a permanent document that will be used throughout your child's life to prove his or her age, citizenship, identity and parentage.

Please print your answers neatly and accurately. The birth certificate is a permanent legal document that is a record of events and information at the time of your child's birth and may not be changed later except under very limited conditions.

This information is collected in accordance with Massachusetts General Law (c.111, §24B).

Administrative Use Only

HID #:

Log #:

CHILD INFORMATION

Child's Full Name: Please print your child's name exactly as you want it to appear on your child's birth certificate.

(Leave blank if completing worksheet before child is born.)

First Name

Middle Name

Last Name

Generational (Sr., Jr., III, etc.)

Do you want a social security number for your child mailed to you automatically? (Circle)

YES NO

If you answer **"YES"** an electronic application will be sent to the Social Security Administration (SSA) and a card will be mailed by SSA to your residence or mailing address within 6-8 weeks of the birth. Note that in compliance with the Taxpayer Relief Act of 1997, all applications must contain the parents' social security numbers, and this information will be sent to the SSA with your child's electronic application. If you answer **"NO"** you will need to apply for your child's social security number at your local social security office when you wish to obtain one.

BabySteps Saving Plan: Kickstart Your Child's College Savings Account Today

Would you like to receive \$50. for your baby's future education? As part of the BabySteps Savings Plan, any child who is a Massachusetts resident and was born or adopted on or after January 1, 2020 is eligible to receive a free \$50 seed deposit into a U.Fund account within one year of birth or adoption to help pay for future college, trade, or technical school costs. The BabySteps Savings Plan is a seeded college savings account program that encourages saving for college in the U.Fund College Investing Plan, the Massachusetts 529 plan. The U.Fund is offered by the Massachusetts Educational Financing Authority (MEFA) and managed by Fidelity Investments. The \$50 seed deposit provided by the Massachusetts State Treasurer and can be received within one year of the child's birth or adoption. If you are interested in receiving information about the BabySteps Savings Plan and how to receive your \$50 deposit, check the YES box below.

By checking 'yes' below, you are authorizing the Massachusetts Department of Public Health to provide the Massachusetts Treasurer's Office and MEFA with your personal contact information (phone number, address, and e-mail address) for the purpose of providing you with additional information to help you open your child's college savings account. The state will deposit \$50 once the account is successfully opened. Please visit babystepssavingsplan.org for more information.

☐ **Yes**, please send me information and enrollment materials to receive the free \$50 BabySteps Saving Plan deposit

☐ **No**, I do not consent

Contact Information

Preferred email address:

DELIVERING PARENT/ PARENT 1 INFORMATION

The parent that appears in this section must be the delivering mother unless otherwise directed by court order.

Parent 1 Full Legal Name

First Name				
Middle Name				
Last Name			Generational (Sr., Jr., III, etc.)	
Last Name at Birth or Adoption (Maiden Name)			Date of Birth (MM/DD/YY)	
Social Security Number		Telephone Number		Alternate Telephone Number
Marital Status (circle)	Married	Never Married	Divorced	Widowed
If Married, Divorced or Widowed: Is your spouse or former spouse parent 2 of this child? (circle)				YES NO
Date of Divorce (MM/DD/YY)		County Where Filed		
Date Widowed				
Parent 1 Residence: Your residence is the actual physical address of the place you live. Do not list a post office box or mailing address. The city or town must be listed by its legally incorporated name; DO NOT list a neighborhood, village or subdivision.				
Street Number & Name			Apt/Unit #	
Proper City/Town Name			State	Zip Code
Parent 1 Mailing Address <input type="checkbox"/> Same as Residence				
Number and Street, PO Box, or RR # where you receive your mail		City/Town	State	Zip Code
Parent 1 Birthplace				
City		State/Province	Country	

PARENT 1 CONFIDENTIAL INFORMATION

The following items are required to be collected according to Massachusetts law (MGL Ch. 111 §246). This information is kept completely confidential and is used for public health and population statistics, medical research, and program planning. Your cooperation is needed in order to compile accurate data about Massachusetts families and newborns.

Parent 1 Ethnicity: Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> African (specify) _____ | <input type="checkbox"/> Mexican, Mexican-American or Chicano |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Middle Eastern (specify) _____ |
| <input type="checkbox"/> American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian Indian | (specify nation) _____ |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Caribbean Islander (specify) _____ | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Central American |
| <input type="checkbox"/> Dominican | (specify) _____ |
| <input type="checkbox"/> European (specify) _____ | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | (specify) _____ |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Other Portuguese (specify) _____ |
| <input type="checkbox"/> Haitian | <input type="checkbox"/> Other South American |
| <input type="checkbox"/> Honduran | (specify) _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other not listed |
| <input type="checkbox"/> Korean | (specify) _____ |
| <input type="checkbox"/> Laotian | |

Parent 1 Race: Please check all that apply

- ☐ Native American/American Indian/Alaska
☐ Asian
☐ Black
☐ Guamanian or Chamorro
☐ Hispanic/Latina/Black
☐ Hispanic/Latina/White

- ☐ Hispanic/Latina/Other (specify) _____
☐ Native Hawaiian
☐ Samoan
☐ White
☐ Other Pacific Islander (specify) _____

Parent 1 Education

What is the highest level of schooling you have completed at the time of delivery?

- ☐ 8th grade or less
☐ 9th - 12th grade (no diploma)
☐ High school graduate or GED
☐ Some college credit but no grade
- ☐ Certificate
☐ Associate Degree
☐ Bachelor's Degree
☐ Master's Degree
- ☐ Doctorate or Professional Degree
☐ Special Education

Parent 1 Occupation

Usual Job/Occupation within the last year	Industry or company name

Tobacco Use: How many cigarettes or packs of cigarettes did you smoke on an average day in the following time periods?☐ Check here for none.

	Cigarettes	Packs
3 months before pregnancy		
First 3 months of pregnancy (1 st trimester)		
Second 3 months of pregnancy (2 nd trimester)		
Last 3 months of pregnancy (3 rd trimester)		

Parent 1 Language Preference: In what language do you prefer to speak and read about health questions and concerns?

- ☐ English
☐ Spanish
☐ Portuguese
☐ Cape Verdean Creole
☐ Haitian Creole
☐ Khmer
☐ Vietnamese
☐ Cambodian
- ☐ Somali
☐ Arabic
☐ Albanian
☐ Chinese (specify dialect) _____
☐ Russian
☐ American Sign Language
☐ Other (specify) _____

Parent 1 Alcohol Use:In the three months before this pregnancy, how many drinks did you have in an average week? _____

In the first three months of this pregnancy, how many drinks did you have in an average week? _____ In

The second three months of this pregnancy, how many drinks did you have in an average week? _____

In the last three months of this pregnancy, how many drinks did you have in an average week? _____

Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child? (Circle one)

YES

NO

I DON'T KNOW

What was your pre-pregnancy weight (your weight immediately before you became pregnant with this child)?

_____ lbs.

During this pregnancy did you have your teeth cleaned by a dentist or dental hygienist? (Circle one)

YES

NO

If your last dental visit took place more than six months ago or if you had any oral health problems (e.g. swollen or bleeding gums, dental decay, signs of infection) identified, did your prenatal care provider refer you to a dentist?

(Circle one)

YES

NO

I DO NOT KNOW

CONFIDENTIAL INFORMATION

Fertility Treatments and Technologies

Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with this current pregnancy? (Circle) **YES** **NO**

IF YES, please check all that apply:

- ☐ Fertility-enhancing drugs prescribed by a doctor
- ☐ Artificial insemination or intrauterine insemination
- ☐ Assisted reproductive technology (includes IVF, GIFT, ZIFT, ICSI, frozen embryo transfer, donor embryo transfer)

Did any of the following apply during this pregnancy?

- ☐ Anonymous egg donor
- ☐ Know donor who is not an intended parent*
- ☐ Anonymous sperm donor
- ☐ Surrogacy
- ☐ None of these apply

***OPTIONAL:** It may be helpful to your child's medical history to record information about genetic donors. If you would like to provide this information, please fill in the following:

Name: _____	<input type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor
Name: _____	<input type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor
Name: _____	<input type="checkbox"/> Sperm Donor	<input type="checkbox"/> Egg Donor

In any prior pregnancy, did you have a baby more than 3 weeks before your due date because you went into labor or broke your water?

(Circle one) **YES** **NO** **I don't know**

Were you told that you had a short cervix during this pregnancy?

(Circle one) **YES** **NO** **I don't know**

Were you offered progesterone to prevent an early delivery during this pregnancy?(Check One)

- ☐ Yes, because of an early delivery in a prior pregnancy;
- ☐ Yes, because my cervix was short during this pregnancy;
- ☐ No
- ☐ I don't know

Did you receive progesterone during this pregnancy? (Check One)

- ☐ Yes, progesterone shots
- ☐ Yes, vaginal progesterone
- ☐ Yes, oral progesterone pills
- ☐ No
- ☐ No, my insurance wouldn't cover the cost
- ☐ No, I declined
- ☐ I don't know

Did you have any oral health conditions during the pregnancy?

(Circle one) **YES** **NO** **I don't know**

Date of last live birth before this pregnancy (MM/DD/YY) _____

☐ Please check here if this is your first live birth # of previous live birth _____

PARENT 2 INFORMATION

This section is used to complete the Parent 2 section of the birth certificate and/or Voluntary Acknowledgment of Parentage. Please indicate the relationship of Parent 2 to the Delivering Parent/Parent 1.

- ☐ Married to Parent 1 currently or within 300 days before the child's birth.
- ☐ Not Married to the Delivering Parent/Parent 1, but will complete a **Voluntary Acknowledgement of Parentage**, or is named by court order.

PLEASE NOTE: If the Delivering Parent/Parent 1 is not married and was not married within 300 days before the child's birth, Parent 2 may be added to the birth certificate through a Voluntary Acknowledgment of Parentage, either at birth or at a later date. Both parents must sign this form and it must be notarized, so both parents must present a valid, government issued, photo ID with them at the time of signing. We regret that without valid ID, we cannot complete an Acknowledgment of Parentage at birth.

If the Delivering Parent/Parent 1 is legally married or was legally married within 300 days before birth to someone other than Parent 2 of the child (**this included legally separated**), the spouse **will** be listed as Parent 2 on the birth certificate unless both the Delivering Parent/Parent 1 and spouse complete an Affidavit of Non-Paternity and the Delivering Parent/Parent 1 and Parent 2 complete a Voluntary Acknowledgment of Parentage. Both of these forms must be completed after the child is born and notarized.

If you have questions about paternity or parental status, ask your hospital birth registrar, or contact the Registry of Vital Records and Statistics at (617) 740-2600, or contact the Department of Revenue, Child Support Enforcement Division at (800) 332-2733.

Parent 2 Full Legal Name

First Name		
Middle Name		
Last Name		Generational (Sr., Jr., III, etc.)
Last Name at Birth or Adoption	Social Security Number	Date of Birth (MM/DD/YY)

Parent 2 Residence: Your residence is the actual physical address of the place you live. Do not list a post office box or mailing address. The city or town must be listed by its legally incorporated name; DO NOT list a neighborhood, village or subdivision.		
Street Number & Name <input type="checkbox"/> Same as Delivering Parent/Parent 1		Apt/Unit #
Proper City/Town Name	State	Zip Code
Parent 2 Birthplace		
City	State/Province	Country

PARENT 2 CONFIDENTIAL INFORMATION

Parent 2 Ethnicity: Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> African (specify) _____ | <input type="checkbox"/> Mexican, Mexican-American or Chicano |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Middle Eastern (specify) _____ |
| <input type="checkbox"/> American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian Indian | (specify nation) _____ |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Caribbean Islander (specify) _____ | <input type="checkbox"/> Salvadoran |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Other Asian (specify) _____ |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Central American |
| <input type="checkbox"/> Dominican | (specify) _____ |
| <input type="checkbox"/> European (specify) _____ | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | (specify) _____ |
| <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Other Portuguese (specify) _____ |
| <input type="checkbox"/> Haitian | <input type="checkbox"/> Other South American |
| <input type="checkbox"/> Honduran | (specify) _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other not listed |
| <input type="checkbox"/> Korean | (specify) _____ |

☐ Laotian

Parent 2 Race: Please check all that apply

- ☐ Native American/American Indian/Alaska
☐ Asian
☐ Black
☐ Guamanian or Chamorro
☐ Hispanic/Latino/Black
☐ Hispanic/Latino/White

- ☐ Hispanic/Latino/Other
(specify) _____
☐ Native Hawaiian
☐ Samoan
☐ White
☐ Other Pacific Islander (specify) _____

Parent 2 Education

What is the highest level of schooling you have completed at the time of delivery?

- | | | |
|--|--|---|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Certificate | <input type="checkbox"/> Doctorate or Professional Degree |
| <input type="checkbox"/> 9 th - 12 th grade (no diploma) | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Bachelor's Degree | |
| <input type="checkbox"/> Some college credit but no grade | <input type="checkbox"/> Master's Degree | |

Parent 2 Occupation

Usual Job/ Occupation within the last year	Industry or company name
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This worksheet was completed by: _____
Signature

Date

Please complete this form prior to your due date and mail back to:

**Birth Registrar
South Shore Hospital
55 Fogg Road
Weymouth MA 02190**

For questions, please call the birth registrar directly at 781-624-8994