



Washington State Birth Parent Information Form

Fields with asterisk (*) are required and appear on the Birth Certificate.

For Hospital Use Only

Mother's Medical Record #: Child's Medical Record #:	Prefer Parent / Parent Labels on Birth Certificate (Default Labels are Mother / Father)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plurality:	<input type="checkbox"/> 1- single birth <input type="checkbox"/> 2- twin <input type="checkbox"/> 3- triplet <input type="checkbox"/> Other:	
If multiple, this worksheet is for child:	<input type="checkbox"/> 1- first born <input type="checkbox"/> 2- second born <input type="checkbox"/> 3- third born <input type="checkbox"/> Other:	

Child's Information

*1. Child's Name			
First	Middle	Last	Suffix
*2. Child's Date of Birth (MM/DD/YYYY) / /		*3. Time of Birth	
5. Type of Birthplace <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Enroute <input type="checkbox"/> Home <input type="checkbox"/> Other (specify):		*4. Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
*7. Name of Facility (If not a facility, enter name of place and address)		*8. County of Birth	*9. City of Birth

Mother's Information

10. Mother's Current Legal Name			
First	Middle	Last	Suffix
*11. Mother's Name Prior to First Marriage			
First	Middle	Last/Maiden	
*12. Date of Birth (MM/DD/YYYY) / /		*13. Birthplace (State, Territory, or Foreign Country)	
15a. Do you want to get a Social Security Number for your child?		14. Social Security Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
15b. Do you need a Verification Letter of Birth for your child?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Residence: Number and Street (e.g., 624 SE 5 th St.)			Apt No.
16b. If not U.S.; Country		16c. State	16d. County
16e. If you live on Tribal Reservation, give name		16f. City or Town	16g. Zip Code + 4
16h. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		17. How Long at Current Residence? Years: Months	18. Telephone Number ()
19a. Mailing Address, if different: Number and Street, or PO Box			Apt. No.
19b. If not U.S.; Country		19c. State	19d. City
		19e. Zip Code + 4	
20. Occupation (type of work done during last year)		21. Kind of Business/Industry (do not use company name)	
22. Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery.) 1 <input type="checkbox"/> 8 th grade or less (specify): _____ 2 <input type="checkbox"/> 9 th – 12 th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (AA, AS, etc.) 6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) 7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.) 8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)		23. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check "No" box if not Spanish/Hispanic/Latina.) 1 <input type="checkbox"/> No, not Spanish/Hispanic/Latina 2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana 3 <input type="checkbox"/> Yes, Puerto Rican 4 <input type="checkbox"/> Yes, Cuban 5 <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (specify): _____	
		24. Mother's Race (check one or more) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 4 <input type="checkbox"/> Asian Indian 5 <input type="checkbox"/> Chinese 6 <input type="checkbox"/> Filipino 7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean 9 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian (specify): _____ 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander (specify): _____ 15 <input type="checkbox"/> Other (specify): _____	

Mother's Information	25. Mother's Height Feet: _____ Inches: _____	26. Mother's Pre-Pregnancy Weight (pounds) _____	27. Did Mother get WIC food for herself during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	28. Cigarette Smoking Before and During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of cigarettes or packs per day: # of cigarettes # of packs Three months before pregnancy _____ or _____ First three months of pregnancy _____ or _____ Second three months of pregnancy _____ or _____ Last three months of pregnancy _____ or _____	

Mother's Marital Status

29. Is mother married? (Check only one box)

Important - Read before responding to marital status question:
If you were married at any time during your pregnancy, your spouse or partner is considered the other legal parent unless he or she completes a denial of paternity and another man acknowledges that he is the father (chapter 26.26 RCW). To add someone other than your spouse or partner to the birth certificate, an acknowledgment and denial of paternity needs to be completed by all parties (DOH form 422-032). Under Washington State law, a state-registered domestic partnership is considered the same as a marriage (chapter 26.60 RCW).
If you were not married at any time during the pregnancy, an acknowledgment of paternity needs to be completed to add the father to the birth certificate.

Married – Yes	Married – No
29a. <input type="checkbox"/> Yes, I am married to the other parent identified in box #30.	29d. <input type="checkbox"/> No, I am not married. I am providing information about the father in box #30. I will complete a Paternity Acknowledgment form at the hospital. <i>Ask hospital staff for a Paternity Acknowledgment form (#DOH 422-032).</i>
29b. <input type="checkbox"/> Yes, I am married but not to the other person identified in box #30. <i>Ask hospital staff for a Paternity Acknowledgment form (# DOH 422-032). You must complete this form, including the spouse's Denial of Paternity.</i>	29e. <input type="checkbox"/> No, I am not married now, but I was married to the other parent identified in box #30 at some time during this pregnancy.
29c. <input type="checkbox"/> Yes, I am married but not providing the spouse or partner's information. <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>	29f. <input type="checkbox"/> No, I am not married and not submitting a completed Paternity Acknowledgment form with the father's information. <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>

Father / Parent's Information

***30. Current Legal Name**

First _____ Middle _____ Last _____ Suffix _____

***31. Date of Birth** (MM/DD/YYYY) _____ / _____ / _____

***32. Birthplace** (State, Territory, or Foreign Country) _____

33. Social Security Number _____

34. Occupation (type of work done during last year.) _____

35. Kind of Business/Industry (do not use company name) _____

<p>36. Father/Parent Education (Check the box that best describes the highest degree or level of school completed at the time of delivery.)</p> <p>1 <input type="checkbox"/> 8th grade or less (specify): _____</p> <p>2 <input type="checkbox"/> 9th – 12th grade; no diploma</p> <p>3 <input type="checkbox"/> High school graduate or GED</p> <p>4 <input type="checkbox"/> Some college credit, but no degree</p> <p>5 <input type="checkbox"/> Associate degree (AA, AS, etc.)</p> <p>6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.)</p> <p>7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.)</p> <p>8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)</p>	<p>37. Father/Parent of Hispanic Origin? (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latina or check "No" box if not Spanish/Hispanic/Latina.)</p> <p>1 <input type="checkbox"/> No, not Spanish/Hispanic/Latino</p> <p>2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p>3 <input type="checkbox"/> Yes, Puerto Rican</p> <p>4 <input type="checkbox"/> Yes, Cuban</p> <p>5 <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (specify): _____</p>	<p>38. Father/Parent Race (check one or more)</p> <p>1 <input type="checkbox"/> White</p> <p>2 <input type="checkbox"/> Black or African American</p> <p>3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____</p> <p>4 <input type="checkbox"/> Asian Indian</p> <p>5 <input type="checkbox"/> Chinese</p> <p>6 <input type="checkbox"/> Filipino</p> <p>7 <input type="checkbox"/> Japanese</p> <p>8 <input type="checkbox"/> Korean</p> <p>9 <input type="checkbox"/> Vietnamese</p> <p>10 <input type="checkbox"/> Other Asian (specify): _____</p> <p>11 <input type="checkbox"/> Native Hawaiian</p> <p>12 <input type="checkbox"/> Guamanian or Chamorro</p> <p>13 <input type="checkbox"/> Samoan</p> <p>14 <input type="checkbox"/> Other Pacific Islander (specify): _____</p> <p>15 <input type="checkbox"/> Other (specify): _____</p>
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Signature

Signature: _____ Date: _____ Time: _____

I agree that the above information is accurate

* Only these items will be displayed on Legal Certificate. However all items are required by law (RCW 70.58.080).

For Hospital Use Only

Mother's Statistical Information

39. Date of <u>First</u> Prenatal Care Visit (MM/DD/YY) / / <input type="checkbox"/> No Prenatal care	40. Date of <u>Last</u> Prenatal Care Visit (MM/DD/YY) / /	41. Total Number of Prenatal Visits for this Pregnancy (If none, enter '0') _____
42. Number of Previous Live Births (Do not include this child) Number Now Living _____ <input type="checkbox"/> None Number Now Dead _____ <input type="checkbox"/> None	43. Date of Last Live Birth (MM/YYYY) (Do not include this child) / /	44. Number of Other Pregnancy Outcomes (Spontaneous or induced losses or ectopic pregnancies) Number of Other Outcomes _____ <input type="checkbox"/> None
45. Date of Last Other Pregnancy Outcome (MM/YYYY) / /	46. Date Last Normal Menses Began (MM/DD/YYYY) / /	47. Mother's Weight at Delivery (pounds)
48. Was mother transferred to higher level care for maternal medical or fetal indications for delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility mother was transferred from:	49. Principal Source of Payment for this Delivery <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-Pay <input type="checkbox"/> Tricare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other Gov't <input type="checkbox"/> Indian Health <input type="checkbox"/> Charity Care <input type="checkbox"/> Other _____	

Child's Statistical Information

50. Birth Weight lbs: ozs: or grams:	51. Infant Head Circumference (cm)	52. Obstetric Estimate of Gestation (completed weeks)
53. Apgar score at 5 minutes _____ If score is less than 6, score at 10 minutes _____		
54. Plurality <input type="checkbox"/> Single <input type="checkbox"/> twins <input type="checkbox"/> triplets <input type="checkbox"/> other _____	55. If not single birth: birth order: <input type="checkbox"/> first <input type="checkbox"/> second <input type="checkbox"/> third <input type="checkbox"/> other _____	
56. Was infant transferred within 24 hours of delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility infant was transferred to:	57. Is infant living at the time of report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Transferred, status Unknown	58. Is infant being breastfed? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE REMEMBER TO SUBMIT THIS FORM PRIOR TO DISCHARGE.
(ALL birth certificates MUST BE FILED within 10 Days of Child's Birth)**



SWEDISH

747 Broadway Seattle, WA 98122-4307
(206) 386-6000

Washington State Birth Information Form

(Please read *before* completing Birth Certificate Worksheet)

Frequently Asked Questions

You will need to complete the Washington State Birth Information Form to obtain a birth certificate for your child. Please read it carefully, complete the Mother and Father information, and bring it with you when you come to the hospital. The information for your child will be completed after your delivery. If you have any questions about the birth certificate, social security number or paternity affidavit, please call the Swedish Birth Records Office at 206-386-6640.

Why do I need to fill this out?

It is important that the information you provide be complete and accurate. The birth certificate is a LEGAL document needed for obtaining identification, applying for passports, verifying age and citizenship, enrolling in school, applying for a social-security number and for public assistance.

Do I have to provide all the information on the worksheet?

Yes. Leaving blank spaces on the worksheet could result in an inaccurate birth certificate. The birth certificate worksheet asks for a lot of information. Some of this information is needed to identify the record, so that a copy of the birth certificate can be issued, for example, when your child enters school or needs a passport. The rest of the information (some of which you may consider quite personal) is combined with everyone else's information. This data is studied to help identify things that may endanger you or your baby's health. It is also used to make sure that everyone gets the proper prenatal care. You may think that you do not have to provide some of this information; however, all of the items on the worksheet are considered part of the birth certificate as defined by state law and the law requires that all the information be supplied if it can be obtained. Your personal information is confidential, which means that it is not given out with your name and address attached. Also, none of this information appears on any copy of the birth certificate. Confidentiality of birth data is guaranteed by state law, and the law spells out how data and records may and may not be released. The information you provide is very important for improving health of mothers and babies. Thank you for your cooperation.

How should I fill in the mother's name section?

The birth certificate will show mother's name before her first marriage. DO NOT use your maiden name as your middle name; use your full name given to you at birth (birth name).

What if I'm an unmarried parent?

If you are not married and wish the father's information to print on the birth certificate, you will need to complete a Paternity Affidavit. The Paternity Affidavit will be provided to you upon request. If you choose not to complete the Affidavit, the father's information will print on the birth certificate as None Named. Read the instructions prior to completing the document. In order to avoid a \$15 charge, you must complete the Paternity Affidavit within 5 days of your delivery date.

How do I get a Social-Security (SS) number for my child?

If you check "yes" on the Birth Certificate Worksheet, you will receive the SS card in the mail in approximately four to six weeks from date of birth. If you wish to obtain the SS number yourself, please check "no" on the Birth Certificate Worksheet and check "yes" that you need a Letter of Verification. You will need to take the Letter of Verification and the Certified Birth Certificate to your local Social Security office in order to apply. If you do not receive the SS Card in six weeks, please follow up directly with your local Social Security office.

How do I get a certified birth certificate?

The hospital CANNOT provide you with a birth certificate. You can request one from the Seattle-King County Department of Health Vital Statistics by completing the order form. Complete and mail to the address on that form along with the required fee. If you did not receive the order form, call 206-296-4768 to request one.

When do I need a verification of birth and social-security number status letter?

You will need this letter if you are on DSHS, Medicaid or Healthy Options. You will also need this letter if you have marked "no" for social-security number issuance. The letter will be mailed to your home within seven days of birth.

Is the footprint sheet proof of birth?

No. You will receive a footprint sheet from the nursing staff as a memento only. The footprint sheet will have your baby's feet stamped on the upper portion and the bottom portion purposely left blank. This is for you to complete at home. It's not required that the provider or nursing staff sign this sheet. However, if asked, they would be happy to do so for you.