



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF VITAL RECORDS

**MISSOURI BIRTH CERTIFICATE MOTHER'S WORKSHEET**

PLEASE COMPLETE ENTIRE WORKSHEET WITHIN FIVE (5) DAYS AFTER BIRTH. PROVIDE ACCURATE INFORMATION. ERASURES, WRITE-OVERS, OR WHITE OUT ON THIS DOCUMENT ARE NOT ACCEPTABLE. IF ERROR IS MADE, COMPLETE NEW WORKSHEET BEFORE SIGNING.

**FOR HOSPITAL/PROFESSIONAL USE ONLY - IMPORTANT DOCUMENT. RETAIN - PER STATE LAW.**

MOTHER'S MEDICAL RECORD #	MOTHER'S NAME
NEWBORN'S DATE OF BIRTH	NEWBORN'S NAME
NEWBORN'S TIME OF BIRTH <input type="checkbox"/> AM <input type="checkbox"/> PM	NEWBORN'S SEX
WAS THIS DELIVERY A: <input type="checkbox"/> Single Birth <input type="checkbox"/> Multiple Birth (twins, triplets, etc.)	IF MULTIPLE BIRTH, THIS WORKSHEET IS FOR CHILD: <input type="checkbox"/> A (first born) <input type="checkbox"/> B (second born) <input type="checkbox"/> C (third born) <input type="checkbox"/> D Other (specify) _____

**INSTRUCTIONS FOR MOTHER**

Registering your child's birth is important and must be filed within **five (5) days** after the date of birth as required by Missouri law (193.085, RSMo). The information you provide below will be used to register your child's birth certificate. The birth certificate is the first legal document that will be used for legal and identity purposes such as proving your child's age, citizenship, and parentage. The birth certificate will be used by your child throughout their life. Missouri law provides protection against the unauthorized release of identifying information from the birth certificate 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 following questions. Attempting to change your child's name or any other related information on the birth certificate after you have completed the information on this worksheet may require a court order. In addition to information used for legal and identity purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn babies. Items such as parental education and race will be used for statistical purposes, but will not appear on copies of the birth certificate issued to you or your child. Names and words on Missouri birth certificates will print in all capital letters.

**Note:** When naming your child and providing related information, any unknowns, extra character spaces, incorrect suffixes, and other specific naming sequences may prevent the automatic issuance of a social security number. As a result, you may have to contact the Social Security Administration (SSA) directly and complete a **Form SS-5** to properly register your child for a social security number. For more information, ask your hospital, clinic, midwife, attendant, certifier, or contact the Bureau of Vital Records for assistance.

If you would like a copy of your child's birth certificate after it is registered, you must submit a separate application and pay a fee to the Bureau of Vital Records. For more information, visit: [www.health.mo.gov/vitalrecords](http://www.health.mo.gov/vitalrecords) or call (573) 751-6387.

**PLEASE PRINT CLEARLY OR TYPE**

1. WHAT WILL BE YOUR CHILD'S LEGAL NAME (AS IT SHOULD APPEAR ON THE BIRTH CERTIFICATE)?  First and middle names not yet chosen

FIRST	MIDDLE	LAST	SUFFIX (JR., SR., ETC.)
-------	--------	------	-------------------------

**INFORMATION ABOUT CHILD'S MOTHER**

2. WHAT NAME DID YOU USE PRIOR TO YOUR FIRST MARRIAGE (MAIDEN)?

FIRST	MIDDLE	LAST	SUFFIX (JR., SR., ETC.)
-------	--------	------	-------------------------

3. WHAT IS YOUR CURRENT LEGAL NAME?

FIRST	MIDDLE	LAST	SUFFIX (JR., SR., ETC.)
-------	--------	------	-------------------------

4. WHERE DO YOU USUALLY LIVE - THAT IS - WHERE IS YOUR HOUSEHOLD/RESIDENCE LOCATED?  
STATE (OR U.S. TERRITORY, CANADIAN PROVINCE):

COUNTY:

COMPLETE NUMBER AND STREET: APARTMENT NUMBER:

CITY: ZIP CODE:

Do you live inside the city limits of this city?  
 Yes  No

IF NOT UNITED STATES, LIST COUNTRY:

5. WHAT IS YOUR MAILING ADDRESS?  Same as residence (#4 above). [Proceed to question #6.]  
COMPLETE NUMBER AND STREET:

APARTMENT NUMBER:	P.O. BOX:
CITY:	STATE: ZIP CODE:

IF NOT UNITED STATES, LIST COUNTRY:

6. WHAT IS YOUR SOCIAL SECURITY NUMBER?

7. WHAT IS YOUR DATE OF BIRTH? (EXAMPLE: MARCH 01 1994)  
MONTH DAY YEAR

8. IN WHAT STATE, U.S. TERRITORY, OR FOREIGN COUNTRY WERE YOU BORN? (IF CANADA, INCLUDE PROVINCE):

<b>MOTHER</b>	<p>9. 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.)</p> <p><input type="checkbox"/> 8<sup>th</sup> grade or less</p> <p><input type="checkbox"/> No diploma, 9<sup>th</sup> - 12<sup>th</sup> grade</p> <p><input type="checkbox"/> High school graduate or GED completed</p> <p><input type="checkbox"/> Some college credit, but no degree</p> <p><input type="checkbox"/> Associate's degree (e.g. AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM)</p> <p><input type="checkbox"/> Unknown</p>	<p>10. ARE YOU SPANISH/HISPANIC/LATINA? IF NOT SPANISH/HISPANIC/LATINA, CHECK THE "NO" BOX. IF YOU ARE SPANISH/HISPANIC/LATINA, CHECK THE APPROPRIATE BOX. <b>CHECK ONLY ONE BOX.</b></p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latina</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Colombian)</p> <p>Specify: _____</p> <p><input type="checkbox"/> Unknown</p>	<p>11. WHICH ONE OR MORE OF THE FOLLOWING IS YOUR RACE? <b>CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native (specify tribe) _____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian (specify): _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander (specify): _____</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Unknown</p>
---------------	---	---	--

12. MOTHER PARTICIPATED DURING PREGNANCY? (PLEASE ANSWER BOTH A & B)  
12A. WIC?  Yes  No  Unknown | 12B. Food Stamp Program?  Yes  No  Unknown

13. WHAT IS YOUR HEIGHT?  
\_\_\_\_\_ feet \_\_\_\_\_ inches | 14. WHAT WAS YOUR PRE-PREGNANCY WEIGHT? THIS IS YOUR WEIGHT IMMEDIATELY BEFORE YOU BECAME PREGNANT WITH THIS CHILD.  
\_\_\_\_\_ pounds

15. HOW MANY INDIVIDUAL CIGARETTES OR PACKS OF CIGARETTES DID YOU SMOKE ON AN AVERAGE DAY DURING EACH OF THE FOLLOWING TIME PERIODS? IF NONE, ENTER "0."

	# of cigarettes	OR	# of packs
Three months before pregnancy	_____	OR	_____
First three months of pregnancy	_____	OR	_____
Second three months of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

16. WERE YOU MARRIED AT CONCEPTION, BIRTH, OR ANYTIME IN BETWEEN? **CHECK ONLY ONE BOX.**  
THE SELECTION YOU MAKE BELOW WILL DETERMINE WHETHER FATHER/CO-PARENT INFORMATION IS ADDED DURING THE REGISTRATION OF YOUR CHILD'S BIRTH RECORD OR AMENDED ON THE RECORD AFTER REGISTRATION EITHER BY AFFIDAVIT OR COURT ORDER.

<input type="checkbox"/> Yes, I was married to the father of this child.	<input type="checkbox"/> No, but I wish to provide information about the father. (Please ask hospital staff about receiving and completing <u>Affidavits Acknowledging Paternity</u> . Skip to question #25.)
<input type="checkbox"/> Yes, to a male spouse, but not to the father of this child. (Please ask hospital staff about receiving and completing <u>Affidavits Acknowledging Paternity</u> . Skip to question #25.)	<input type="checkbox"/> No, and I do not wish to provide information about the father. (Skip to question #25.)
<input type="checkbox"/> Yes, to a female spouse.	<input type="checkbox"/> Unknown (Skip to Question #25.)
<input type="checkbox"/> Yes, to a female spouse, but I wish to provide information about the father. (Please ask hospital staff about receiving and completing <u>Affidavits Acknowledging Paternity</u> . Skip to question #25.)	
<input type="checkbox"/> Yes, but I refuse to provide spouse's information. (A court order will be required to add a father/co-parent in the future. Skip to question #25.)	

**INFORMATION ABOUT CHILD'S FATHER/CO-PARENT**

17. WHAT IS THE FATHER'S/CO-PARENT'S CURRENT LEGAL NAME?  
FIRST MIDDLE LAST SUFFIX (JR., SR., ETC.)

18. WHAT IS THE FATHER'S/CO-PARENT'S SOCIAL SECURITY NUMBER? | 19. WHAT IS THE FATHER'S/CO-PARENT'S DATE OF BIRTH? (EXAMPLE: MARCH 01 1994)  
MONTH DAY YEAR

20. IN WHAT STATE, U.S. TERRITORY, OR FOREIGN COUNTRY WAS THE FATHER/CO-PARENT BORN? (IF CANADA, INCLUDE PROVINCE):

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>FATHER / CO-PARENT</b></p> <p>21. WHAT IS THE HIGHEST LEVEL OF SCHOOLING THAT THE FATHER/CO-PARENT WILL HAVE COMPLETED AT THE TIME OF DELIVERY? (CHECK THE BOX THAT BEST DESCRIBES LEVEL OF EDUCATION. IF CURRENTLY ENROLLED, CHECK THE BOX THAT INDICATES THE PREVIOUS GRADE OR HIGHEST DEGREE RECEIVED.)</p> <p><input type="checkbox"/> 8<sup>th</sup> grade or less</p> <p><input type="checkbox"/> No diploma, 9<sup>th</sup> - 12<sup>th</sup> grade</p> <p><input type="checkbox"/> High school graduate or GED completed</p> <p><input type="checkbox"/> Some college credit, but no degree</p> <p><input type="checkbox"/> Associate's degree (e.g. AA, AS)</p> <p><input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM)</p> <p><input type="checkbox"/> Unknown</p>	<p>22. IS THE FATHER/CO-PARENT SPANISH/HISPANIC/LATINO(A)? IF NOT SPANISH/HISPANIC/LATINO(A), CHECK THE "NO" BOX. IF SPANISH/HISPANIC/LATINO(A), CHECK THE APPROPRIATE BOX. <b>CHECK ONLY ONE BOX.</b></p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino(a)</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a)</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino(a) (e.g. Spaniard, Salvadoran, Dominican, Colombian)</p> <p style="padding-left: 20px;">Specify: _____</p> <p><input type="checkbox"/> Unknown</p>	<p>23. WHICH ONE OR MORE OF THE FOLLOWING IS THE RACE OF THE FATHER/CO-PARENT? <b>CHECK ALL THAT APPLY.</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native (specify tribe) _____</p> <p><input type="checkbox"/> Asian Indian _____</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian (specify): _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander (specify): _____</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Unknown</p>
--	---	---

24. WHAT IS THE FATHER'S/CO-PARENT'S RESIDENCE ADDRESS? COMPLETE NUMBER AND STREET: <input type="checkbox"/> Same as mother's residence (#4 above). [Proceed to question #25.]		APARTMENT NUMBER:
CITY:	STATE:	ZIP CODE:

**CHILD'S SOCIAL SECURITY NUMBER**

25. PERMISSION GIVEN TO PROVIDE THE SOCIAL SECURITY ADMINISTRATION (SSA) WITH THE NECESSARY BIRTH INFORMATION TO ISSUE A SOCIAL SECURITY NUMBER FOR THIS CHILD

Yes     No

**NAME AND SIGNATURE**

FULL LEGAL NAME OF PERSON COMPLETING THIS FORM FIRST NAME	MIDDLE NAME	LAST NAME
--	-------------	-----------

RELATIONSHIP TO CHILD (SHOULD BE MOTHER)

IF NOT MOTHER, PROVIDE SPECIFIC EXPLANATION:

I do solemnly declare and affirm that the information contained in this worksheet is true and correct to the best of my knowledge, and I understand that this information will be used to create my child's Certificate of Live Birth. Furthermore, I understand that attempting to change my child's name or any other related information on the birth certificate after signing this worksheet may require a court order.

SIGNATURE OF PERSON COMPLETING THIS FORM	DATE	PHONE NUMBER (INCLUDE AREA CODE)
--	------	----------------------------------