

NORMAN REGIONAL NORMAN REGIONAL NORMAN REGIONAL MOORE NORMAN REGIONAL HEALTHPLEX

Worksheet for Child's Birth Certificate Print clearly and legibly. Be sure that all spelling is correct.



Room # Mother's Medical Record	n # Mother's Medical Record # Newborn's Medical Record # Clerk's Initials				Clerk's Initials	
1. CHILD'S NAME (First, Middle, Last, Suffix Please separate names with a comma)						
12a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Su	ffix) 12b. MOTHER'S M (NAME PRIOR TO		12c. MOTHER'S (Month, Day, Yea	DATE OF BIRTH ar)	12d. MOTHER'S BIRTHPLACE (City & State, Territory, or Foreign Country)	
13. MOTHER'S RESIDENCE ADDRESS Inside City	Limits?YesNo	C	ounty:			
Number & Street: 14. MOTHER'S MAILING ADDRESS Same as	Apartment Number: Residence	City:	ounty:	State:	Zip Code:	
Number & Street:	Apartment Number:	City:		State:	Zip Code:	
16a. Permission given to provide Social Security Administration with necessary birth information to issue a Social Security Number?YesNoParent's Initials						
16b. Permission given to provide Oklahoma State Department of Health registries (such as Newborn Screening and Immunization) with information necessary to protect and promote the health of Oklahoma citizens? Yes No Parent's Initials						
18a. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)		erself to be)	s to indicate		SOCIAL SECURITY NUMBER	
8th grade or less9th -12th grade, no diplomaHigh school graduate or GED completedSome college credit but no degreeAssociate degree (e.g., AA, AS)Bachelor's degree (e.g., BA, AB, BS)Master's degree (e.g., MEd, MA, MS, MEng, MSW, MBA)Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, Jacobs and Jaco	Vietnamese			18d. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/ Latina. Check the 'No' box if mother is not Spanish/Hispanic/Latina) No, not Spanish/Hispanic/LatinaYes, Mexican, Mexican American, ChicanoYes, Puerto Rican		
	Other Asian (Specify) Pacific Islander (Specify) Other (Specify)		- -	(Specify)	anish/Hispanic/Latina	
Married at conception, birthMarried between conception and birthNot Married Is the husband the fatherYesNo	20. Date of Last Menstrual Period. 21. Date of Last Live Birth, priod. (MM/DD/YY)	,	None Three Months	Before Pregnancy _	each time period, enter either the number s of cigarettes smoked PER DAY) PER DAY # of cigarettes # of packs OR OR	
If <u>NOT</u> maried and you would like to have the Paternity Acknowledgment filed please read and fill out this form in full. See the reverse of this form for further information.	22. DID MOTHER GET WIC FO DURING THIS PREGNANCY? YesNo				or OR	
DO NOT ENTER FATHER'S INFORMATION UNLESS MARRIED OR FILING PATERNITY ACKNOWLEDGMENT PAPERS WITH THIS FORM PER #19 Note: Oklahoma Law stipulates that if a mother is married (or not divorced within 300 days of the birth of her child), her husband is presumed to be the father of the child. If the husband is not the father you will need to complete the Denial of Paternity Form (with the husband) and an Acknowledgment of Paternity Form (with the biological father) to establish the paternity of this child. The husband/ex-husband will be listed as the father if the above referenced forms are not completed correctly. If this situation applies to the birth of this child, it will be necessary for you to complete the 'Supplemental Worksheet".						
1	EMS SHOULD BE COMPLET			ER'S INFORMATI		
15a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Su	,	(Month, Day, Ye	·		15C. FATHER'S BIRTHPLACE (City & State, Territory, or Foreign Country)	
17a. FATHER'S EDUCATION (Check the box that best describes highest degree or level of school completed at the time of delivery	the father considers himselfWhite	to be)	s to indicate what	17c. FATHER'S S	COCIAL SECURITY NUMBER	
8th grade or less9th -12th grade, no diplomaHigh school graduate or GED completedSome college credit but no degreeAssociate degree (e.g., AA, AS)Bachelor's degree (e.g., BA, AB, BS)Master's degree (e.g., MEd, MA, MS, MEng, MSW, MBA)Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, or Professional degree)	(Name of the enrolled or princ Asian Indian BS) MS, MEng, MSW, MBA) (Name of the enrolled or princ Asian Indian Chinese Filipino		(Check the box Spanish/Hispa Latina. Check Spanish/Hispa		e 'No' box if father is not c/Latina) sh/Hispanic/Latina Mexican American, Chicano	
The above information is correct to the best of my know	vledge. Signed:			Date:		

Please return this form to the Birth Certificate Clerk or to your Nurse prior to discharge.

Not a Part of the Permanent Medical Record

Patient Label





If you are *not* married and wish the paternity to be established, the father of the baby <u>must</u> be present to sign the Paternity Acknowledgment (PA) form and to have both parents' signatures witnessed by the birth clerk. Both parents are required to sign the Paternity Acknowledgment.

The Paternity Acknowledgment is <u>NOT a Genetic/DNA test</u>, it is a legal form establishing the father of the baby. <u>This is not that form</u>...it will be provided for review and signatures after the information on this worksheet is processed by the Birth Clerk.

The Paternity acknowledgment form has some additional information needed.

Please provide the following:

	Mother of the baby: Phone Number:
	Father of the baby: Addess: (if different than the mother of the baby's) or Same: □
	Phone Number:
	PA Genetic Testing: Have you taken a genetic test to determine paternity of this child? If yes, did the test result show that you are the father of this child?
Again, the	e Father of the Baby, must be present to sign the PA form.
If you hav	ve any questions, please call the Birth Clerk at 515-3533.

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