



PARENT INFORMATION WORKSHEET

Michigan Department of Health and Human Services
Division for Vital Records and Health Statistics

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 for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. Michigan law provides protection against the unauthorized release of identifying information from the birth certificate to ensure the confidentiality of the parents and their child.

Note that a certificate of birth must be filled out completely. Incomplete certificates are not accepted for filing. The information will be used to prepare your child's birth certificate which is a legal document. The law requires that the information be supplied. It is also very important that the information provided is truthful. Providing false information is against the law.

Full Name of Child: _____
(First) (Middle) (Last) (Suffix)

Mother's Current Legal Name: _____
(First) (Middle) (Last)

Mother's Name Before First Married: _____
(First) (Middle) (Last)

State of Birth (If not USA, name country): _____ **Date of Birth:** _____ **Social Security #:** _____

Residence (Check one box and specify): Inside city or village of _____ Twp. of _____
County: _____ **State:** _____ **Zip Code:** _____

The law specifically stipulates the process for naming a second parent on a child's certificate of birth. The birth certificate for a child must record the mother's spouse as the second parent whenever the mother was married at the time the child was conceived. If the mother was not married at the time of conception, but was married at the time of birth, the individual named as the second parent must be the spouse at the time of birth. If the mother was not married at either time, the second parent may only be named if the mother and father complete an affidavit of parentage or present a court order stipulating who should be recorded as the second parent.

Was mother married at birth or conception? Yes No **If mother's divorced - date finalized:** ___/___/___ **State where divorce is filed:** _____

Spouse/Father's Legal Name: _____
(First) (Middle) (Last) (Suffix)

State of Birth (If not USA, name country): _____ **Date of Birth:** _____ **Social Security #:** _____

Additional information that will be kept confidential: **Race:** American Indian, Black, White, etc. If Asian, give nationality, i.e. Chinese, Filipino, etc. (Enter all that apply.) **Ancestry:** Mexican, Cuban, Arab, English, French, etc. If American Indian, enter principal tribe. (Enter all that apply.) **Hispanic Origin?** (Yes or No)

Mother: _____

Spouse/Father: _____

Mother's Mailing Address: _____
(Number & Street) (City) (State) (Zip)

Spouse/Father's Mailing Address (If different than Mother's): _____
(Number & Street) (City) (State) (Zip)

Education: Indicate the category that best describes the highest degree or level of school completed by the mother and the spouse/father:

- | | | | |
|----------------------------|-------------------------------|-----------------------------------|---------------------------------|
| Mother _____ | 1. 8th grade or less | 2. 9th-12th grade; no diploma | 3. High school graduate or GED |
| | 4. Some college but no degree | 5. Associate degree (AA,AS) | 6. Bachelor's degree (BA,AB,BS) |
| Spouse/Father _____ | 7. Master's degree | 8. Doctorate/ professional degree | 9. Unknown |
| | (MA,MS,MEng,MEd, MSW, MBA) | (PhD,EdD,MD,DO,DDS,DVM,LLB,JD) | |

Did mother receive WIC food while pregnant? Yes No Unknown

Was this intended to be a home birth? Yes No Unknown

If yes, where was the birth planned? _____ 1. Home 2. Birthing Center 3. Physician's Office
4. Unknown 5. Other (specify) _____

Who would have attended the birth? _____ 1. Midwife 2. Certified Nurse Midwife 3. Physician
4. Partner 5. Family/friend 6. Self
7. Other (specify) _____ 8. Unknown

Mother's Pre-pregnancy Weight _____ lbs. **Mother's Height** _____ ft. _____ in.

Mother Smoked Before or During Pregnancy?

Yes No Unknown

Did Mother Quit Smoking?

Yes No Unknown

Do Others in the Household Smoke?

Yes No Unknown

Date She Quit: _____

For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked.

Average number of cigarettes or packs of cigarettes smoked per day.

	# 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	_____

Do you want a Social Security Number issued for your baby? Yes No

I request that the Social Security Administration assign a Social Security Number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number.

Signature of informant: _____ **Date:** _____

If other than the mother, what is the name of the person providing information for this worksheet?

_____ (First) (Middle) (Last) _____ Relationship to mother

(Completion of this form is voluntary)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.