

ALASKA VITAL RECORDS PARENT WORKSHEET

Parent(s) Complete(s) Pages 1 & 2

Please print neatly as errors are difficult and expensive to correct and result in an amended record.

The information provided on this form is used to create your child's birth certificate. A birth certificate is used for legal purposes to prove your child's age, citizenship, and legal parentage. This document will be used throughout your child's entire life. To ensure confidentiality, State and Federal laws govern release of information collected on this form.

You may name your child whatever you want with some exceptions. Social Security requires that the 26 letters of the English alphabet and standalone hyphens (-) or apostrophes ('), not accents or diacritical marks, are used. Once the birth is registered, a court-ordered legal name change is required to alter any part of the child's name.

Please provide complete and accurate information for all items. Not only will this information be used for legal purposes, but additional statistical information is also used by health and medical researchers to improve the health of infants and mothers. These items include parents' education, race, and smoking history. These items will only be used for approved studies. These items will never appear on certified copies of the certificate issued to you or your child. **Once registered, you may order a certified copy of your child's birth certificate at www.vitalrecords.alaska.gov for a fee.**

Child			
First Name	Middle Name	Last Name	Suffix (Sr, Jr, II, III, etc.)
Date of Birth (mm/dd/yyyy) / /	Time of Birth (24 hours) :	Do you want to get a Social Security Number for your Child? <input type="checkbox"/> Yes , I authorize you to send my child's birth information to the Social Security Administration (SSA). <input type="checkbox"/> No	
Parent Signature (<i>must be signed in order to send birth information to SSA</i>)			

Mother						
Current Legal First Name		Current Legal Middle Name		Current Legal Last Name		Suffix (Sr, Jr, II, III, etc.)
First Name Before First Marriage		Middle Name Before First Marriage		Last Name Before First Marriage		Suffix (Sr, Jr, II, III, etc.)
SSN # - -	<input type="checkbox"/> Check if none.	Date of Birth (mm/dd/yyyy) / /	Age	Country of Birth	Birthplace (State, Territory)	
Residence Address: Number and Street/P.O. Box				Apt. No	Country	State
City or Town		Zip Code		Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Telephone Number
Mailing Address (<i>If different from residence address</i>) Number and Street:				City	State	Zip Code
Mother's Email Address:						
Education: Check box that describes the highest degree or level of school completed. <input type="checkbox"/> 8th Grade or less <input type="checkbox"/> 9th - 12th Grade; no diploma <input type="checkbox"/> High School Graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD, MD) <input type="checkbox"/> Unknown		Race: (Check one or more races as applicable) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Alaska Native or American Indian (Tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____			Hispanic Origin: Check the appropriate box or check "No" if not Spanish/Hispanic/Latina(o) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana(o) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina(o) (Specify): _____	
Did Mother receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Height: ____ Feet ____ Inches	Mother's pre-pregnancy weight		Did Mother smoke tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When labor began, where was mother planning to deliver? <input type="checkbox"/> Birth center (Not a Hospital) <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Unknown		The <u>planned</u> primary Birth Attendant when labor began was? <input type="checkbox"/> Certified Direct Entry Midwife (CDM) <input type="checkbox"/> Certified Nurse Midwife (CNM) <input type="checkbox"/> Medical Doctor (MD)/Doctor of Osteopathy (DO) <input type="checkbox"/> Midwife - Unknown Certification <input type="checkbox"/> Nurse Practitioner (NP)/Physician Assistant (PA) <input type="checkbox"/> Other - Specify _____ <input type="checkbox"/> Unknown		# of cigarettes # of packs		
				Three months before pregnancy		
				First three months of pregnancy		
				Second three months of pregnancy		
Last three months of pregnancy						

Please complete page 2.

Birth Parents' Marital Status

This information is required by A.S. 18.50.16(d) & (e) to register the birth certificate and establish legal parentage. If you do not complete this section accurately, you may not be able to order a certified copy of the birth certificate until it is resolved.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Was mother ever married?
<input type="checkbox"/> Yes <input type="checkbox"/> No*	Was mother married at the time the child was conceived; during this pregnancy; or at the time of birth?*
<input type="checkbox"/> Yes <input type="checkbox"/> No*	Is the husband the father of the child?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the biological father sign the Affidavit of Paternity?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Has the Affidavit of Paternity been completed and witnessed or notarized?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Affidavit of Paternity attached to the Parent Worksheet?

***If no, and you want the father's name on the birth certificate, an Affidavit of Paternity must be completed and attached to this form. If mother is married at any time during the pregnancy, A.S. 18.50.160(d) & (e) requires that her legal husband's name is listed on the birth certificate. If husband is not the legal father, refer to the Affidavit of Paternity for further instructions.**

Father or Parent 2

Current Legal First Name		Current Legal Middle Name		Current Legal Last Name		Suffix (Sr, Jr, II, III, etc.)
SSN #	<input type="checkbox"/> Check if none.	Date of Birth (mm/dd/yyyy)	Age	Country of Birth	Birthplace (State, Territory)	
Residence Address: Number and Street/P.O. Box				Apt. No	Country	State
City or Town		Zip Code	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Telephone Number	
Mailing Address (If different from residence address) Number and Street:				City	State	Zip Code

Education: Check box that describes the highest degree or level of school completed. <input type="checkbox"/> 8th Grade or less <input type="checkbox"/> 9th - 12th Grade; no diploma <input type="checkbox"/> High School Graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD, MD) <input type="checkbox"/> Unknown	Race: (Check one or more races as applicable) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Alaska Native or American Indian (Tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____	Hispanic Origin: Check the appropriate box or check "No" if not Spanish/Hispanic/Latina(o) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana(o) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina(o) (Specify): _____ _____
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Person completing this Parent Worksheet <input type="checkbox"/> Mother <input type="checkbox"/> Hospital Staff <input type="checkbox"/> Father <input type="checkbox"/> Other	If other than the parent, the name of the person completing the parent information (first, middle, last) – <u>Please print neatly.</u>
I, the undersigned, hereby certify that the information provided is a true and correct representation of the facts to the best of my knowledge.	
Signature:	Date: